No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28837

State File No.

FILED OCT 14 1948

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 88

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 4

(c) City or town RFD Hume 1
(If outside city or town limits, write "RURAL")

(d) Street No. ---- 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ILADEAN PRAISWATER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wendell Praiswater

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Jan. (Month) 24 (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	8	7	hr. min.

9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cody H. Doty
13. Birthplace ---- (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Edith Visa
15. Birthplace ---- (City, town, or county) Oklahoma (State or foreign country) 1

16. (a) Informant Wendell Wayne Praiswater

(b) Address RFD Hume, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Culver Umbrell

(b) Address Butler, Missouri

19. (a) 10-4-48 (Date received local registrar) (b) Kendall Kerry (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1928 / 19 , to Oct. 1 1948
that I last saw her alive on Oct. 1 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bacterial Endocarditis and myocarditis	
Due to Brucellosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. D. Lathue (M. D. or other) M. D.

Address Butler, Mo Date signed Oct 4, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1949

RECEIVED
District Health Officer No. 7,
District File Number 9:48:181
Date Filed 10-12-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Robert L. Steinbeck, Registered Apprentice No. 200, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.