REC'D MAR 1 5 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5815
Do not use this space.

1. PLACE OF DEATH
(a) County Bates
(b) Township
(c) City or Town Butler
Registration District No. 50
Primary Registration District No. 3004
Registered No. 6
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 623 Ella Priestly
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Priestly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1872

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pleasanton
(STATE OR COUNTRY) Kas.

FATHER
13. NAME Harlan Jackson
14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Emma Kennett Kennain
16. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

17. INFORMANT Frank Priestly
(ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasanton Kansas DATE Feb 9 1939

19. FUNERAL DIRECTOR (NAME) Culver
(ADDRESS) Butler mo

20. FILED Feb 9 1939 Mrs L Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to Feb 7th 1939
I last saw her alive on Feb 7 1937. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia tuberculosis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. D. LaHue, M. D.
(Address) Butler, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 1-39-426
Date Filed 3-10-39

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 Denton Little, Registered Apprentice No. 168 working under my personal supervision.

Signed Henry G Newell

Licensed Embalmer No. 3111

P. O. Address Butler Mo

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

If this body is not embalmed, above space should be left blank.