DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38941

Registration District No. 50 Primary Registration District No. 3004 Registrar's No. 64

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: Memorial Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 11 hours (Specify whether years, months or days)
In this community 37 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Butler (If outside city or town limits, write "RURAL")
(d) Street No.: East Pine St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years

3. (a) PRINT FULL NAME: Mrs Cecil Card 620
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed.
6. (b) Name of husband or wife: John Cleveland Card.
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: May (Month) 21 (Day) 1902 (Year)

8. AGE: Years 37 Months 6 Days 9 If less than one day ... hr. ... min.

9. Birthplace: Bates Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: In Home
FATHER 12. Name: John Wolfe
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Pearle Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Mrs A. C. Bingaman
(b) Address: Butler Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetary
18. (a) Signature of funeral director: Culver
(b) Address: Butler Mo
19. (a) Dec 1 1939 (Date received local registrar) (b) Mrs L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1939 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Nervous Shock and Hemorrhage from Gunshot Wound of left upper Abdomen (12 Gauge Shotgun) — Duration: 1 hr
Due to: Wound inflicted by her husband (MURDER) — Duration: 1 hr
Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Perforating Wounds of Spleen, Stomach + Intestines
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): MURDER
(b) Date of occurrence: Nov 30 1939
(c) Where did injury occur? Butler (City or town) Bates (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: Yes (Specify type of place) (e) Means of injury: Shotgun Wound
23. Signature: Allen Smith M.D. (M.D. or other)
Address: Rich Hill, Mo Date signed 12/1/39

(Licensed Embalmer's Statement on Reverse Side) Coroner, Bates Co. Mo

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

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.

1 X19511

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 12/13/39

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 Lisle, Registered Apprentice No. 163, working under my personal supervision.

Signed Hattie G. Culver

Licensed Embalmer No. 3069

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, above space should be left blank.