

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. PLACE OF DEATH:
(a) County Cooper
(b) City or town Bunceton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Hester Butcher 3?/6
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 21 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Charlottesville Va. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. G. Lasker
(b) Address Bunceton, Mo

17. (a) Burial (b) Date thereof 1-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton, Mo

18. (a) Signature of funeral director H. G. Lasker
(b) Address Bunceton, Mo 198

19. (a) 1-10-40 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 9
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Wed 1
1939, to Jan 9th, 1940
that I last saw her alive on Jan 9th, 1936
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip
Due to Fracture of hip
Due to General Debility

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence About Aug 1 - 7
(c) Where did injury occur? at her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at night in her home
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. H. Elliott (M. D. or other) _____
Address Bunceton Mo Date signed 1-11-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 8
License File Number 3/5/40
Date Filed

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lewis F. Parker*

Licensed Embalmer No. *3840*

P. O. Address. *Otterville, Mo.*

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.