

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

611

State File No. _____
Registrar's No. 34

FILED FEB 27 1942
Registration District No. 124

Primary Registration District No. 3008

4
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 M 7 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mattie Butts
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Ben Butts
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sep 16 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Pike Co MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name George Robinson
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Morris
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Record
(b) Address _____

17. (a) _____ (b) Date thereof Feb 1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Grant Benshead
(b) Address Bowling Green Mo

19. (a) Jan 30 42 (b) George Marshall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30
year 1942 hour 9-6 minute 0 M.
21. I hereby certify that I attended the deceased from 1-25, 1942, to 1-30, 1942
that I last saw her alive on 1-30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration 5 days
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 107
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) no
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature George Marshall (M. D. or other) W-5
Address Fulton Mo Date signed 2-30-42

1147

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.....

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

Signed *Grace Parthead*

Licensed Embalmer No. *2704*

P. O. Address *Bowling Green*

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.