

FILED SEP 3 1942 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3084

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: 2321 hollow!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. not in hospital
(Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 51
(c) City or town Elm (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joseph F. Finley Button
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1942 hour 9 am minute _____ M.
21. I hereby certify that I attended the deceased from 8-14-42
_____ 19____ to 8-16 _____ 1942
that I last saw him alive on August 14 _____ 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife Berta 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 22: 1870
(Month) (Day) (Year)

Immediate cause of death Chronic mitral regurgitation & myocarditis Duration _____
Due to Chronic interstitial nephritis
Due to 131B
Other conditions arterio-sclerosis + possible
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
71 9 24 hr. _____ min. _____

9. Birthplace Elm Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John F. Bolton
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Lena Lane
15. Birthplace Iowa Ohio! (City, town, or county) (State or foreign country)

16. (a) Informant Howard Bolton
(b) Address 2321 Bolton

17. (a) Massachusetts (b) Date thereof Aug 18
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buried Elm, Mo
Canada & Poppy

18. (a) Signature of funeral director Holder Mo
(b) Address _____

19. (a) 8/16/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(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 Harry H. Dwyer (M. D. or other) _____
Address 1401 Hospital Date signed 8-16-42

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

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..... *Samuel B Rapp*
Licensed Embalmer No..... *4044*
P. O. Address..... *Holden Md*

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.