

LaHue

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26640

State File No. ....

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Bates  
Butler Missouri

(b) City or town: Butler Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 21 In hospital or institution. (Specify whether years, months or days)

In this community 21 years, months or days

3. (a) PRINT FULL NAME Elisha W. Stultz

3. (b) If veteran, X name war. 3. (c) Social Security No. X

4. Sex: Male 5. Color or race: W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: Mary E. Stultz 6. (c) Age of husband or wife if alive: 1859 years

7. Birth date of deceased: Nov. 7 (Month) (Day) (Year)

8. AGE: Years 82 Months Days If less than one day hr. min.

9. Birthplace: North Carolina (City, town, or county) (State or foreign country)

10. Usual occupation: Retired farmer

11. Industry or business: Elisha Stultz

12. Name: Holland

13. Birthplace: unknown (City, town, or county) (State or foreign country)

14. Maiden name: Holland

15. Birthplace: Dollie Peacock (City, town, or county) (State or foreign country)

16. (a) Informant: Foster Mo.

(b) Address: Burial (b) Date thereof: 8/4/42

(c) Place: burial or cremation: Hume Cemetery

18. (a) Signature of funeral director: Booths-Butler Mo.

(b) Address: Butler Mo

19. (a) 8-3-42 (Date received local registrar) Mrs. Marcia Ampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: X Butler Foster  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 3 day year 1942 hour 2 minute 15 AM

21. I hereby certify that I attended the deceased from Aug 1st to Aug 3rd that I last saw him alive on Aug 2 and that death occurred on the date and hour stated above.

Immediate cause of death: chronic hepatitis

Due to: Operative for splenectomy & hernia

Due to: Aug 1st 1942

Other conditions: (Include pregnancy within 3 months of death) 131

Major findings: Of operations: 131

Of autopsy: 131

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: 131

23. Signature: R. D. Lott (M. D. or other) MD  
Address: Butler Mo Date signed: 8-3-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7.

District File Number.....9-42-979

Date Filed.....9-9-82

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.....*John G. Henderson*.....  
Licensed Embalmer No.....3585.....  
P. O. Address.....Butler 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, fact should be so stated above.