

FILED OCT 7 1943

Registration District No. 2

Primary Registration District No. 3005

Registrar's No. 55

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:  
402 E Ft. Scott  
(If not in hospital or institution, write street number or location)

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

In this community.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

(d) Street No. 402 E Ft. Scott  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Grace Meinen

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife M A Meinen

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: Jan 17 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 5  
If less than one day hr. min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Herman Behrend

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name.....

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

16. (a) Informant M H Meinen

(b) Address Butler Mo

17. (a) Buried (b) Date thereof Sept. 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wak

18. (a) Signature of funeral director Culver

(b) Address Butler Mo

19. (a) Sept 26, 1943 (b) Pauline Cumpton  
(If no received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st  
year 1943 hour 12 M minute 15

21. I hereby certify that I attended the deceased from Jan 10<sup>th</sup> 1938 to Sept 21 1943  
that I last saw her alive on Sept 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) H6e

Major findings:  
Of operations.....

Of autopsy.....

Duration.....

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).....

(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 H D LaFleur MD  
Address Butler Mo Date signed 9-22-43

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

RECEIVED

District Health Officer No. 7,

District File Number 9-43-982

Date Filed 10-5-43

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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 L. E. Culmer

Licensed Embalmer No. 2576

P. O. Address Butler, Mo

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**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.**