

LED NOV 12 1948
Registration District No. 59

Primary Registration District No. 4103

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Cleveland 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 years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass ¹⁷

(c) City or town Cleveland ⁰
(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.? 0 years.

3. (a) PRINT FULL NAME ANNA MARIA BUTTS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles W. Butts

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 10 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>13</u>	hr. min.

9. Birthplace Waverly Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER

12. Name Martin Todd

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

14. Maiden name Mary Hardman

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

16. (a) Informant Charles W. Butts

(b) Address Cleveland MO

17. (a) Burial (b) Date thereof 10-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland Cemetery

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cleveland MO

19. (a) Oct. 29-43 (b) Margaret Valle of Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1943 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb. 1943
1943 19. to 10/19 1943
that I last saw her alive on 10/19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions 920
(Include emergency within 3 months of death)

Major findings: Stroke

Of operations _____

Of autopsy _____

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 Martin W. Robbins (M. D. or other) MO

Address Peculiar, MO Date signed 10/23/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

21007.

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 Geo. F. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.