

FILED JAN 4 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 672-4067

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Hallsville  
(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  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Clark  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha Roe Butts

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, Widow

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 30<sup>th</sup> 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 2 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Mason Boywell

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

14. Maiden name Lucy Evans

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

16. (a) Informant A. M. Butts

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8<sup>th</sup> 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Grove

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) Dec 14, 1943 (b) Mrs Ralph Bryan (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6<sup>th</sup> year 1943 hour \_\_\_\_\_ minute 3 P. M.

21. I hereby certify that I attended the deceased from Sept 1-13 to Dec 5, 1943; that I last saw him alive on Dec 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myo per static  
congestive

Due to Flu. and  
suppurative of age  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury \_\_\_\_\_

23. Signature R. A. Woods (M. D. or other) Clark  
Address \_\_\_\_\_ Date signed 12-9-43

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

MOTHER FATHER

1273

1944

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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..... *Frank D. Witt* .....  
Licensed Embalmer No. *3021* .....  
P. O. Address..... *Moberly 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.**