

FILED AUG 19 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3005

Registrar's No. 53

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: Butler Memorial Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town Butler 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mahala Warrwright
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1944 hour 10-00 minute _____ M. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: Tom Warrwright deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Oct 17 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30 1944 to July 31 1944
that I last saw her alive on July 31 1944
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 82 Months 9 Days 14 If less than one day _____ hr. _____ min.

Intestinal obstruction
Due to _____

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Retired Sec.

Strangulated Right femoral Hernia
Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER { 11. Industry or business _____
12. Name Napoleon Sims
13. Birthplace Not known (City, town, or county) (State or foreign country)
14. Maiden name 11
15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 12282
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ansel Rank
(b) Address Butler, Mo.
17. (a) Burial (b) Date thereof Aug 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

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? _____

18. (a) Signature of funeral director Andrews
(b) Address Butler Mo
19. (a) Aug 2, 1944 (b) Paulino Compton
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury C
33. Signature Charles W. Kettner (M. D. or other) M.D.
Address Butler Mo Date signed 8/2/44

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

RECEIVED

District Health Officer No. 7,

District File Number 7-44-935

Date Filed 8-9-44

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butte, 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.