

FILED DEC 26 1944

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 587

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 64 years (Yes or No)
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4
(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 202 Maiden Lane
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Jane Button

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife D.C. Button 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November, 30, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months xx Days 06 If less than one day _____ hr. _____ min.

9. Birthplace Gentry, Arkansas. (City, town, or county) (State or foreign country) 1

MOTHER FATHER

12. Name Daniel Rheam
13. Birthplace Ohio (City, town, or county) (State or foreign country) 1
14. Maiden name Loretta Jane Burnett
15. Birthplace North Carolina (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Pearl Williams
(b) Address Midland, Texas

17. (a) Burial (b) Date thereof 12-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director Bill Raymond
(b) Address Seneca, Mo.

19. (a) 12-14-44 (b) Gertrude Rudolph
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 1944 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 1944, to Dec 6, 1944
that I last saw her alive on Dec 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 1 wk

Due to _____
Due to _____

Other conditions Pemphigus Vulgaris 2 Mo.
(Include pregnancy within 3 months of death)

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of operations _____
Of autopsy _____
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)
(a) Means of injury _____
23. Signature Ernest Mitchell (M. D. or other) MD
Address Joplin Mo Date signed 12-14-44

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

44-12-1030

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 Blair Buzard
Licensed Embalmer No. 2334
P. O. Address Seneca 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

JAN
State File No. _____
Registrar's No. 587

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 _____ (b) County _____
(c) City or town _____ (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 J. Button
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death measles

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov - 30 (Month) (Day) (Year)

Due to Chronic nephritis ?
Due to _____
Other conditions Pemphigus Vulgaris
(Include pregnancy within 3 months of death)

8. AGE: Years 24 Months _____ Days _____ (If less than one day, write _____ min.)
9. Birthplace _____ (City, town, or county) (State or foreign country)

Due to _____
Major findings: Supplementary Information
Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

Duration
1 wk.
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

11/20/44

41371