S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33988

FILED NOV 1 1945

State File No.

Registration District No. 163 Primary Registration District No. 3021 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 124 S. Thomas (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 124 - S. Thomas (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Laura Belle Button

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. Roy Button

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 28 (Day) 1872 (Year)

8. AGE: Years 73 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Jefferson Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Cage Vivrett
13. Birthplace ✓ (City, town, or county) ✓ (State or foreign country) 9

MOTHER
14. Maiden name Sue E. Mothershead
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country) 9

16. (a) Informant M. R. Button

(b) Address DeSoto - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Fri - Oct. 26 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland, DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto - Mo.

19. (a) 10-27-45 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1945 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept. 8, 1945, to Oct. 23, 1945 that I last saw her alive on Oct. 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Liver	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 46 K

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? (Specify type of place)

While at work? (e) Means of injury ?

23. Signature Chas E Tallick (M. D. or other) M. D.

Address DeSoto, Mo. Date signed 10/23/45

389

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-31-45

NOV 4-6 1945

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 John Mothershead
Licensed Embalmer No. 3531
P. O. Address De Soto, 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.