

FILED AUG 20 1946
Registration District No. 258

Primary Registration District No. 22001

Registrar's No. _____

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

49
2
5

1. PLACE OF DEATH: *Jasper*

(a) County *Jasper*

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

(c) Name of hospital or institution: *Smith Nursing Home 4*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *5 days*
Specify whether

In this community *57 years*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Jasper* 49

(c) City or town *Jasper* 2
(If outside city or town limits, write "RURAL")

(d) Street No. *2519 Penn Ave* 5
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME *BELLE BUTLER*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *7*
year *1946* hour *3* minute *55p.* M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her *alive* on *7 July*, 19*46*; and that death occurred on the date and hour stated above.

4. Sex *M* 1 5. Color or race *W* 6. (a) Single, widowed, married, divorced *2*

6. (b) Name of husband or wife *William Deane* 6. (c) Age of husband or wife if deceased *2* years

7. Birth date of deceased: *May 7 1861*
(Month) (Day) (Year)

Immediate cause of death: *Cancer - Vascular Lesion* 7 yrs
Duration _____

8. AGE: Years *85* Months *2* Days *0* If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations *13/6*

Of autopsy _____

9. Birthplace: *Perry Iowa*
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business *House work*

MOTHER FATHER } 12. Name *Moses Bowers*

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

14. Maiden name *Leah Knaw*

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant *Mrs. Ray Hunter*

(b) Address *2519 Penn Ave*

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? _____

17. (a) *Burial* (b) Date thereof *July 9 1946*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Fairview Cem*

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

18. (a) Signature of funeral director *Thornhill Dillon*

(b) Address *Jasper MO*

23. Signature *[Signature]* (M. D. or other) *[Signature]*

Address *628 1/2 Main St* Date signed *7-10-46*

19. (a) *7-11-46* (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

46-7-651

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..... *Paul A. Hornbire*

Licensed Embalmer No. *3590*

P. O. Address..... *Joplin 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.