

Registration District No. **27** Primary Registration District No. **3000**

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)
(d) Length of stay: In hospital or institution: **4 days**
(Specify whether
In this community **Lifetime**
years, months or days)

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

3. (a) PRINT FULL NAME **NELLIE FRANCIS EHART**
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **27**
year **1947** hour **3:15** minute **PM** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 13 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
May 10th - 31 to Nov 27 47
that I last saw her alive on **Nov 27 47**
and that death occurred on the date and hour stated above.
Duration

8. AGE: Years Months Days If less than one day
66 2 14 hr. min.

Immediate cause of death
acute coronary thrombus
Due to **chronic hypertension & Diabetes Mell**
Due to _____

9. Birthplace: **Bates Co., Mo., 0**
(City, town, or county) (State or foreign country)

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

10. Usual occupation: **Housewife**
11. Industry or business:
12. Name: **James Weddle 9**
13. Birthplace: **No Record 9**
(City, town, or county) (State or foreign country)
14. Maiden name: **Josephine Harris**
15. Birthplace: **No Record 9**
(City, town, or county) (State or foreign country)

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

16. (a) Informant: **Gladys Durrett**
(b) Address: **Butler, Mo.,**
17. (a) Burial: **11-30-47** (b) Date thereof: **11-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: **Morris Cem. Bates Co.,**
18. (a) Signature of funeral director: **Culver-Underwood**
(b) Address: **Butler, Missouri**
19. (a) 11-30-47 (b) **Armedell Perry**
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature: **Ed L. Hair** (M. D. or other) **md**
Butler, Mo Date signed **11-29-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-47-2045

Date Filed 1-8-48

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.....

Kenneth H. Book....., Registered Apprentice No. 471
working under my personal supervision.

Signed..... Edsif

Licensed Embalmer No. 3650

P. O. Address Adrian Ma

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.