

FILED DEC 7 1948

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(c) Name of hospital or institution: 202 Oak
(If not in hospital or institution, write street number or location)
(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
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 202 Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna L. Thorpe

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Henry Paul Thrope 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 9 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 11 If less than one day --- hr. --- min.

9. Birthplace Decatur Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Henry M. Dibble 9
13. Birthplace ----- 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Cunningham
15. Birthplace ----- 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Thrope

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 11-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery
Culver-Underwood

18. (a) Signature of funeral director -----

(b) Address Butler, Missouri

19. (a) 11-27-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1948 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10-20 1948 to Nov. 20 1948
that I last saw her alive on Nov 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Ch. myocarditis

Due to _____

Ch. asthma

Due to _____

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

Major findings:

Of operations 935

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) (e) Means of injury _____

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

Address Butler, Mo. Date signed 11/24/48

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

RECEIVED

District Health Officer No. 7,

11-48-48

Filed 12-6-48

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.....

Robert D. Steinbeck

Registered Apprentice No. *200*

working under my personal supervision.

Signed.....

John G. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler MD*

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.