

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35558

State File No. _____
Registrar's No. 102

Registration District No. 27

Primary Registration District No. 5096

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

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler, Mo. Mount Pleasant
(c) Name of hospital or institution: Highway 71
(d) Length of stay: In hospital or institution: 50 years
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Butler
(d) Street No.: Highway 71
(e) Citizen of foreign country?: No

3. (a) PRINT FULL NAME: Cora Belle Withrow
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: M
6. (b) Name of husband or wife: James M. Withrow
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: September 19 1867

8. AGE: Years: 81 Months: 1 Days: 19
If less than one day: --- hr. -- min.

9. Birthplace: Decatur Illinois
10. Usual occupation: Housewife

MOTHER FATHER
11. Industry or business: -----
12. Name: Parsons
13. Birthplace: British Isles
14. Maiden name: -----
15. Birthplace: -----
16. (a) Informant: James M. Withrow

(b) Address: Butler, Mo.
17. (a) Burial (b) Date thereof: 11-10-48
(c) Place: burial or cremation: Oakhill Cemetery
18. (a) Signature of funeral director: Culver-Underwood
(b) Address: Butler, Missouri
19. (a) 11-10-48 (b) Mendall Perry

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 8
year 1948 hour 2 minute 15 AM.
21. I hereby certify that I attended the deceased from Nov 1 1948 to Nov 8 1948
that I last saw her alive on Nov 8 1948
and that death occurred on the date and hour stated above.
Immediate cause of death: Generalized Broncho pneumonia
Due to: Artair sclerosis
Other conditions: General Senility
Major findings: Of operations
Of autopsy: 709

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: _____ (Specify type of injury) _____
23. Signature: Cate M. Guter (M.D. or other) 11/10/48
Address: Butler, Mo Date signed: _____

RECEIVED

District Health Officer No. 7

District File Number 10-48-1316

Date Filed 11-15-48

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 J. Steinbeck

Registered Apprentice No. 200

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address. Butler 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.