

FILED APR 27 1944

Registration District No. **243**

Primary Registration District No. **304758**

Registrar's No. **37**

1. PLACE OF DEATH:
 (a) County **Newton**
 (b) City or town **Neesho**
 (c) Name of hospital or institution:
South Lafacet, Neesho, R.H. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 months** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Ellen Budget**
 3. (b) If veteran, name war. No.
 (c) Social Security No.

4. Sex **7** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **0**
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive year
 7. Birth date of deceased **June 28 1866**
 (Month) (Day) (Year)

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

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

10. Usual occupation **House work**
 11. Industry or business
 MOTHER FATHER { 12. Name **George Budget**
 13. Birthplace **UNKNOWN** 9
 (City, town, or county) (State or foreign country)
 14. Maiden name **UNKNOWN**
 15. Birthplace **UNKNOWN** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Almy Crawford**
 (b) Address **South Lafacet, Neesho Mo.**
 17. (a) **Burial** (b) Date thereof **April 6 - 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Purdy**
 18. (a) Signature of funeral director **W. H. Thompson**
 (b) Address **Market & Purdy**
 19. (a) **4-7-1944** (b) **W. H. Thompson**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Newton**
 (c) City or town **Neesho**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **South Lafacet, R.H. 4.**
 (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **4**
 year **1944** hour **9** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **July 2** to **April 3**, 19**44**
 that I last saw her alive on **Dec. 31 1943**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **17 months**

Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death) **g30**

PHYSICIAN
 Major findings: Of operations
 Of autopsy

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 **J. D. Baldwin** (M. D. or other) **4-9-44**
 Address **Purdy Mo** Date signed

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

4-15-44

District Health Officer No.

District File Number 444-70

Date Filed 4-25-44

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 L.H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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, above space should be left blank.