

FILED DEC 10 1942

State File No.

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 28

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Cantwell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois
(c) City or town Cantwell Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Ellen Buff

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Buff 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased June 24 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Potosi Mo. (City, town, or county) (State or foreign country)

10. Usual occupation care of home

11. Industry or business _____

12. Name B. W. Rutledge
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Madame Boyer
15. Birthplace Old Mines Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Buff
(b) Address Cantwell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St Francois Mo

18. (a) Signature of funeral director E. Boyer

(b) Address Desloge Mo

19. (a) Nov. 24 1942 (Date received local registrar) (b) Byrdie Bulminter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 22, year 1942 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept. 29 1942 to Nov. 22, 1942

that I last saw her alive on Nov. 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac asthma Duration 30 days

Due to _____

Due to _____

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

Major findings: Of operations _____

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 Theodore Paul (Registrar's signature) D.O.
Address Flat River, Mo. Date signed Nov. 29 1942

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

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REC'D - D

District Health Officer No. 3

District File Number 1242-1431

Date Filed 12-8-42

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 C. Z. Baker

Licensed Embalmer No. 1671

P. O. Address Chicago Ill.

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.