

No. 2
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17-39
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FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24660

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 785

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3001 NORTH-10TH STR.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 8 YRS
years, months or days 246

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

(c) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL")

(d) Street No. 3001 NORTH-10TH STR.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALICE-M-BUTLER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Levi Butler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 4 1856
(Month) (Day) (Year)

8. AGE: 84 Years 2 Months 16 Days hr. min.

9. Birthplace: unk ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business Housewife

12. Name Johanna Arnold

13. Birthplace unk Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Coupland

15. Birthplace unk Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. C. Arnold

(b) Address Clondale

17. (a) Bayfield (b) Date thereof July 21 1941
(Burial) (Month) (Day) (Year)

(c) Place: burial or cremation glouster Bayfield

18. (a) Signature of funeral director W. J. Stamer

(b) Address St Joseph

19. (a) 7/22/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20
year 1940 hour 6: minute A M.

21. I hereby certify that I attended the deceased from 7/19 to 7/20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
atherosclerosis

Due to age

Due to age

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

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? yes

While at work? no (Specify type of place)

23. Signature J. T. Stamer (M. D. no)
Address 2624 St Joseph Date signed 7/19/40

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.....

July 20, 1940

....., Registered Apprentice No.

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *S. J. Joseph 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.