S. No.
I—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. 23044

Registration District No. 9972 Primary Registration District No. 3013 Registrar's No. 63

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In Ambulance
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community DeKalb co life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Clarksdale (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 William Calvin Butler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 12 1927 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	5	16	hr. min.

9. Birthplace Clarksdale (City, town, or county) Mo (State or foreign country)
10. Usual occupation farmer
11. Industry or business

FATHER
12. Name Marion Butler
13. Birthplace Gentry co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Velma Pearl Betcher
15. Birthplace Clarksdale (City, town, or county) Mo (State or foreign country)

16. (a) Informant Walter Wilhelm
(b) Address Clarksdale Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksdale
18. (a) Signature of funeral director John O'Brian
(b) Address Maysville Mo
19. (a) 7-31-46 (Date received local registrar) (b) Roscoe Dunham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour minute 10 P M.

21. I hereby certify that I attended the deceased from July 26 1946, to July 28 1946
that I last saw him alive on July 28 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	
Due to Paralysis of muscles of Respiration	
Due to Acute Anterior Poliomyelitis	36 hrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. O. R. Vanderlinden DO (M.D. or other)
Address Stewartsville Mo Date signed 7-29-46

63 Beulah Kitchens
(Attached Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John G Brown

Licensed Embalmer No. 3933

P. O. Address Maysville 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.

S. No. 2B
5M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 12 Primary Registration District No. 3013 Registrar's No. 638

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In ambulance
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (years, months or days) (Specify whether) Dekalb Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Clarksdale (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William C. Butler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 12 1927 (Month) (Day) (Year)
8. AGE: Years 19 Months 5 Days 16 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Marion Butler
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Velma P. Becher
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Milton Wilhelm
(b) Address Clarksdale
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksdale
18. (a) Signature of funeral director John G. Bram
(b) Address Maysville Mo.
19. (a) (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxia	
Due to Paralysis of muscles of Respiration	
Due to acute anterior Poliomyelitis	36 hr
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. O R Van De Lander DO
Address Stewartsville, Mo. Date signed

23044