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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25583

Registration District No. 461 Primary Registration District No. 4280 Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Lawrence 2
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
105 West St Louis St,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 105 West St Louis St,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jacqueline Butcher 326
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
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 June (Month) 2 (Day) 1920 (Year)

8. AGE: Years 20 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business 0

MOTHER FATHER
12. Name Lee Butcher 1
13. Birthplace Quincy (City, town, or county) Missouri. (State or foreign country)
14. Maiden name Venicia Tinkle
15. Birthplace ? (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Lee R Butcher
(b) Address Aurora Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug, 1/40 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.
19. (a) Aug. 1, 1940 (Date received local registrar) (b) R. D. Cowan M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1940 hour 11 minute 00 A. M.
21. I hereby certify that I attended the deceased from July 28, 1940, to July 30, 1940
that I last saw her alive on July 28, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
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?
418 (Specify type of place)
While at work? (e) Means of injury

23. Signature J Will Smith (M. D. or other) 1
Address 1 W Pleasant Aurora Mo Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 840-2480
Date Filed AUG 19 1940
AUG 16 1940

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.