

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38435**

Registration District No. **167**

Primary Registration District No. **5233**

Registrar's No.

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Stockton, Mo.
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

In this community all of life
years, months or days

(Specify whether)

3. (a) PRINT FULL NAME John Wesley Butler

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male

5. Color or
race W.

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

6. (b) Name of husband or wife
Emma Butler

6. (c) Age of husband or wife if
alive 76 years

7. Birth date of deceased June 1 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 12
If less than one day
hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name Wm. Butler
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Clarice Furkerson
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Butler
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 11-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director H. C. Davis & Co.
(b) Address Stockton, Mo.

19. (a) Nov. 30, 1940 (b) B. A. Chubb
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar

- (c) City or town Stockton, Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. 0
(If rural, give location)

- (e) If foreign born, how long in U. S. A. ? 28 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1940
hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 16
1940 to Nov. 28, 1940
that I last saw him alive on Nov. 28, 1940
and that death occurred on the date and hour stated above.

- Immediate cause of death
Bronchial Pneumonia
Due to old age
Due to 107 W

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

- Major findings:
Of operations none

- 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. P. Butler (M. D. or other) D.O.
Address Stockton, Mo. Date signed 11-29-40

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1730

Date Filed 12-9-40

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.