

No. 2
4-12-40
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2682

State File No. _____

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County HARRISON

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

(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 _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME FOX 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 MARRIED

6. (b) Name of husband or wife MARIE 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased. 7 14 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>13</u>	hr. _____ min.

9. Birthplace HARRISON Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name NORTON BUTLER

13. Birthplace HARRISON Co. Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH E. DYKES

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

16. (a) Informant Marie Butler

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 1/29/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PYTHIAN CEMETERY

18. (a) Signature of funeral director J. M. Haas

(b) Address Bethany, Mo.

19. (a) 1/31/41 (b) A. L. Weathersby, 2414 N. Burr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State MISSOURI (b) County HARRISON

(c) City or town BETHANY
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 5:30 minute _____ p. M.

21. I hereby certify that I attended the deceased from Jan. 3, 1941, to Jan. 27, 1941; that I last saw him alive on Jan. 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death SHOCK

Due to Surgical removal of aneurysm of femoral artery.

Due to _____

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

Major findings: Of operations _____

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Douglas D. Hood (M. D. or other) D.O.
Address Bethany Mo. Date signed 1/31/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.