

S. No. 2
4-13-40
5-17-39
X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7533

MAR 19 1941

Registration District No. 533

Primary Registration District No. 5713

State File No.

Registrar's No. 23

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

1. PLACE OF DEATH: MAcon
 (a) County MAcon
 (b) City or town Hudson Rural Mo.
 (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 all his life years, months or days

3. (a) PRINT FULL NAME Millard H. 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 18 - 1860
 (Month) (Day) (Year)

8. AGE: Years 81 Months - Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name William F. Butler

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

14. Maiden name Malinda C. Patton

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

16. (a) Informant Raymond McFranks

(b) Address Macon Mo.

17. (a) Burial (b) Date thereof 2-3-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chappel Hill

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon Mo.

19. (a) 3/6/41 (b) Seaton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Macon
 (c) City or town Rural Hudson Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1941 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with Necrosis

Due to _____

Due to _____

Other conditions None
 (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?
476 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Edward Mulla (M. D. or other) _____
 Address Macon Mo. Date signed 3/5/41

Duration _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-41-517

Date Filed MAR 10 1941

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.....

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.