DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26473

FILED AUG 13 1941

Registration District No. 078

Primary Registration District No. 6204

Registrar's No. 17

1. PLACE OF DEATH

(a) County: Wright

(b) City or town: Fordland (If outside city or town limits, write "RURAL" and name of township) Mo Rural

(c) Name of hospital or institution: EAST DALLAS TOWNSHIP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 1 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wright

(c) City or town: Fordland Mo. (If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ E. DALLAS TOWNSHIP (If rural, give location)

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

3. (a) PRINT FULL NAME: Rev. Jess U. 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: M

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: 7 years

7. Birth date of deceased: Sept. (Month) 5 (Day) 1879 (Year)

8. AGE: Years 62 Months 10 Days 7 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Minister & Farmer

11. Industry or business: Retired Minister & Farmer

FATHER 12. Name: James Marion Butler

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

MOTHER 14. Maiden name: Laura Stone

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

16. (a) Informant's own signature: Willard Butler

(b) Address: Fordland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty Cem.

18. (a) Signature of funeral director: Bailey Funeral

(b) Address: Fordland Mo

19. (a) July 15-41 (Date received local registrar) (b) Lorin A. Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased on 7-10-41, 19..., to ..., 19...; that I last saw him alive on 7-10-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic valvular heart disease	3 yr.
Due to	
Due to	
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: Howard T. Moon (M. D. or other) MD

Address: Fordland, Mo. Date signed 7-14-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

X19511

RECEIVED
District Health Officer No. 6,
District File Number 841-1347
Date Filed AUG 9 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 K. K. Kelley

Licensed Embalmer No. 03334

P. O. Address Seymour 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.

S. No. 2B
I—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26473

Registration District No. 898 Primary Registration District No. 6204 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Gordham rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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 Rev. Jas. H. 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 Mary Ellen Butler
6. (c) Age of ~~husband~~ or wife if alive 60 years
7. Birth date of deceased SEPT. (Month) 5 (Day) 1878 (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) JULY 15 1941 (Date received local registrar) (b) Lester M. Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 9 year 1941 hour minute 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	Duration
Due to	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY