

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29065
Registrar's No. 262

FILED SEP 12 1941

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1212 East Broadway
(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 Pettis

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

(d) Street No. 1212 East Broadway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Butler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1941 hour 5 minute 20 a.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jas. C. Butler

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

21. I hereby certify that I attended the deceased from June 1 1941 to Aug 18 - 1941
that I last saw him alive on Aug 18 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 9, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death
Angina pectoris
Cosidial Hypertrophy

Due to _____

Due to _____

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 94B

11. Industry or business _____

12. Name James W. Gregg

13. Birthplace Scott Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Zerilda Thomas

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J.C. Butler

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 8-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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? _____

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____

19. (a) 8-18-41 (b) Ans. Harry Sneed
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Alfred S. Mowse (M. D. or other) 11

Address 111 W. 4th Sedalia Mo. Date signed 8-18-41

706 (Licensed Embalmer's Statement on Reverse Side)

FILED
District Health Officer No. 8,
File Number
9-10-41

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 L. E. Bailetti

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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.