

Registration District No. **385**

Primary Registration District No. **4238**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County HOWELL
 (b) City or town WILLOW SPRINGS
 (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 15 MONTHS years, months or days

3. (a) PRINT FULL NAME JARAH ELIZABETH BUTNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife SAMUEL SANFORD BUTNER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 29 1859
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>3</u>	hr. _____ min.

9. Birthplace OWEN COUNTY KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name THOMAS TERRY 13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name ANNA ELIZA GUDGEL

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

16. (a) Informant Mrs. S. O. Sanders
(b) Address Willow Springs, Mo.

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

(c) Place: burial or cremation Mt. Zion Cemetery (Union, Mo.)

18. (a) Signature of funeral director Burns & Sons
(b) Address Willow Springs, Mo.

19. (a) 8-3-41 (b) Harold Ferguson
(Date received local registrar) (Registrar's signature)

345 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town Willow Springs
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? Citizen (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2
year 1941 hour 10:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from May _____, 1940, to 8-2-41, 1941;
that I last saw her alive on 8-2-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis 5 yrs

Due to _____

Due to _____

Other conditions Chr. Myocarditis 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938
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 E. J. Callahan (M. D. or other) _____
Address Willow Springs, Mo. Date signed 8/4/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File Number 49 119 59

Date Filed

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.....

Body not embalmed,

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Thomas R. Burns, Jr.*

Licensed Embalmer No. 4214

P. O. Address Willow Springs,

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.