

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILLED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35768
337558
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township Rolla Mo Primary Registration District No. 901
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas Robert Butler
 (a) Residence, No. 505 East 7th St., Rolla, Mo. St. _____
 (Usual place of abode, if no street address, write county of city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>11</u>	<u>18</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as saw mill, bank, etc. (496-14-1656)
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis, Ill

FATHER
 13. NAME Guy R. Butler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Ill

MOTHER
 15. MAIDEN NAME Lillian Grant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeport, Ill

17. INFORMANT Mrs. Guy R. Butler (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Janesville Ill DATE Oct 1, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M^{rs} Caw Funeral Home, Rolla Mo.

20. FILED Sept. 30, 1941 Joe F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related causes of importance were as follows:
Crushed Skull, by Car wreck. was driving on Highway #66 and lost control of car, it was overturned and deceased was thrown in ditch and was perhaps killed instantly
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ X _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 9/28/41
 Where did injury occur? Rolla, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place, on Highway #66
 Manner of injury crushed skull and other injuries
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) P. S. Null Phelps Mo. M. D.
 (Address) Rolla Mo

NOV 22 1941

RECEIVED
District Health Officer No. 5,
District File Number 10412037
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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

D. J. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

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.