

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

1511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 34

FILED FEB 24 1942

Registration District No. _____

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Stahl
(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 _____
In this community 10 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Stahl
(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 Paulinda A. Butler
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 29
year 1941 hour 11 minute 0 M.

4. Sex Female 5. Color or race W
6. (a) ~~Single, widowed, married~~ divorced
6. (b) Name of husband or wife Alfred Butler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March-13-1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1, 1941 to Nov 29, 1941
that I last saw her alive on Nov 27, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 8 Days 18
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Nephritis
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Nurse Keeper

11. Industry or business _____

12. Name John Burkhalter
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Mauda Burgett
15. Birthplace Dartmouth
(City, town, or county) (State or foreign country)

16. (a) Informant Local Butler
(b) Address Union Iowa

17. (a) Burial (b) Date thereof Dec. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boy's auxiliary

18. (a) Signature of funeral director E. H. Hopper
(b) Address Blairwood Mo.

19. (a) Jan. 13, 1942 (b) Mrs. L. Wagner
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause 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 H. D. Cannon M.D. (M.D. or other)
Address Springer Mo Date signed _____

Duration 5 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

100

RECEIVED

District Health Officer No. 10

District File Number 2-42-365

Date Filed FEB 20 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.