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17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3843

Registration District No. 850-828

Primary Registration District No. 4503-6040

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: None
(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 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM A. BUTLER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 2 minute 48 P.M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Anna Alice Butler

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 30, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13 - 1942 to Jan 19 - 1942 that I last saw him alive on Jan 17 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 days

8. AGE: Years 80 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace West Maryland Co. Pa. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Butler

13. Birthplace West Maryland Co. Pa. (City, town, or county) (State or foreign country)

14. Maiden name Martha M. Kenney

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

16. (a) Informant William J. Butler

(b) Address Shelbyville Mo.

17. (a) Small (b) Date thereof 1-21-1942
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Wendall

18. (a) Signature of funeral director Gary G. Givan

(b) Address Shelbyville Mo.

19. (a) 1-25-1942 (b) Madge Gooch
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Seriously
(Include pregnancy within 3 months of death)

Major findings: Of operations 108

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address Shelbyville Mo. Date signed 2/4/42

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

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1092

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-42-229

Date Filed FEB 12 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, Me.
....., Registered Apprentice No.
working under my personal supervision.

Signed George Livan
Licensed Embalmer No. 1754
P. O. Address Hunnewell 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.