

S. No. 2
-11-10-39
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6788

State File No. _____

FILED MAR 13 1942

Registration District No. 378

Primary Registration District No. 5-5-21

Registrar's No. 12

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

45
6
0

1. PLACE OF DEATH: HOWARD.

(a) County. HOWARD.

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

(c) Name of hospital or institution:
Russell Rockport R.R. 1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
In this community 24 yrs.
years, months or days

8. (a) PRINT FULL NAME. ROBERT WILSON BUTLER.

3. (b) If veteran, name war. _____

3. (c) Social Security No. None.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased APR. 17 - 1917.
(Month) (Day) (Year)

8. AGE: Years 24, Months 9, Days 17. If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) U (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER

12. Name George Butler

13. Birthplace Howard Co. (City, town, or county) U (State or foreign country)

14. Maiden name Annie Lipton

15. Birthplace Howard Co. (City, town, or county) D (State or foreign country)

16. (a) Informant Lulu Hesse

(b) Address Rockport Mo R.R. 1

17. (a) Burial (b) Date thereof 2-7-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Springs

18. (a) Signature of funeral director C. B. Luncein

(b) Address New Franklin Mo.

19. (a) 2-9-42 (b) Anna P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Howard

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

(d) Street No. Russell Rockport, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1942 hour Two minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 21
1942 to Feb. 4 1942

that I last saw him alive on Feb. 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza pneumonia 14 days

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 33a

Major findings: Of operations _____

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 J. P. Reels (M. D. or other) M. D.
Address Lee Hospital, Fayette, Mo. Date signed 2-9-42

MAR 19 1942

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-11-42

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 R. L. Lacey

Licensed Embalmer No. 3515

P. O. Address New Franklin, Va.

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.