

FILED MAY 8 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 14741

Registration District No. 467

Primary Registration District No. 5625

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Dover, Lexington Ave
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: city
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
 (c) City or town Dover 54
 (If outside city or town limits, write "RURAL")
 (d) Street No. city 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

William Albin Butler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex ma

5. Color or race W

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

6. (b) Name of husband or wife Mary Annus Burea

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

7. Birth date of deceased June 10 1851
 (Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business retired

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Mrs Butler

(b) Address Lexington, Mo

17. (a) Burial (b) Date thereof 4-21-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, Mo

18. (a) Signature of funeral director Ed Walker, Mo

(b) Address Lexington, Mo

19. (a) 5-4-42 (b) Mrs. Fred Dehuab
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
 year 1942 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from March 24
1942 to April 17, 1942
 that I last saw him alive on April 14, 1942
 and that death occurred on the day and hour stated above.

Immediate cause of death Myocarditis, chronic
Due to arteriosclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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. S. Cope (M. D. or other) MD
 Address Lexington Date signed 5/4/42

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

54
 80

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-2-12.....

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

Leo A. McKean

Licensed Embalmer No.

2983

P. O. Address

Lexington MD

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.