

S. No. 2  
M-9-4-41  
v. 5-17-35  
I 229484

18176

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 11 1942

Registration District No. 408114

Primary Registration District No. 5571B

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural--Sarcoix Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. Crossing east of Reeds Highway  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 44 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Route 1, Reeds  
(If rural, give location)

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

If yes, name country. ....

3. (a) PRINT FULL NAME Jay Butcher

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 5:25 minute 0 M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Neva Butcher

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

7. Birth date of deceased January 22 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 that I last saw did not see him alive and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>0</u>	hr. min.

Immediate cause of death: Crushed head. Crushed chest, broken leg.

Due to Being struck by train when crossing tracks

Due to in truck

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

10. Usual occupation Farmer & Stock Raiser

11. Industry or business

MOTHER FATHER

12. Name Jay Butcher

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

14. Maiden name Sarah Shriver

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170°

Of autopsy 27

PHYSICIAN 170°

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jay Butcher

(b) Address Route 1, Reeds, Missouri

17. (a) Burial (b) Date thereof May 24, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 23, 1942 (b) E. Elizabeth Coeplin  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 22, 1942

(c) Where did injury occur? farm  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
ra farm

While at work? (Specify type of place) Crowed

23. Signature P. H. Webster (M. D. or other) 3

Address Carthage Mo Date signed May 22

1203

42-5-494

**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 P. W. K. [Signature]  
Licensed Embalmer No. 814  
P. O. Address Carthage, 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.**