

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26649

State File No.

Registrar's No. 13

Registration District No. 11302

Primary Registration District No. 4042

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)
In this community 32 years

3. (a) PRINT FULL NAME Molly Ann Butler

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Butler 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June 25 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months I Days 18 If less than one day hr. min.

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

10. Usual occupation Hwf.

11. Industry or business

12. Name James L. Ripptoe
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Susan Rogers
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Butler
(b) Address Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 8/21/42 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Lutesville (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th year 1942 hour 2:00 minute 35A M.

21. I hereby certify that I attended the deceased from 8/13/42 to 8/13/42, 19... to 19...
that I last saw h. ET alive on 8/13/42
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac compensation
Due to Carcinoma of Stomach
Due to

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature John J. Myers (M. D. or other) Date signed 8/21/42
Address Lutesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1063

RECEIVED

District Health Officer No. 4
District File Number 942-1144
Date Filed 9-8-42

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

J. E. Guhani

Licensed Embalmer No. 4010

P. O. Address Littleton, Colo.

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.