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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1942

Registration District No. 207

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30816

Primary Registration District No. 4319

Registrar's No. 153

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Belle Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -
In this community 13 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 63 0
(a) State Missouri (b) County Maries 0
(c) City or town Belle 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 0

3. (a) PRINT FULL NAME William C. Butler
3. (b) If veteran, name war World War
3. (c) Social Security No. -
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Altha Butler
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept. (Month) 17 (Day) 1885 (Year)

8. AGE: Years 57 Months 0 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Franklin (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Business man
11. Industry or business -
MOTHER FATHER
12. Name Henry Butler
13. Birthplace Franklin (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Denier
15. Birthplace - (City, town, or county) Indiana 1 (State or foreign country)
16. (a) Informant Mrs. Butler
(b) Address Belle - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Gerald - Mo
18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Belle - Mo
19. (a) 9-24-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20th year 1942 hour 3:00 AM minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept. 20 1942 3:05 A.M. to Sept 20 1942 3:15 AM that I last saw him alive on Sept. 20 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	20 min
Due to: -	
Due to: -	
Other conditions (Include pregnancy within 3 months of death): 94 a	
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? - (e) Means of injury 2

23. Signature R. N. Schoenhaben M.D.
Address Belle, Mo Date signed 9/29/42

1096 (Licensed Embalmer's Statement on Reverse Side)

DEC 6 1946

OCT 2 1946

OCT 9 AON

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 Chester Bassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.