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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37635

State File No.

Registration District No. 238 | Primary Registration District No. 5821 | Registrar's No. 89

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Matthews, Mo. Rt. # 2 - Big Prairie
(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 ..... (Specify whether years, months or days)
In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. Six Miles North East Matthews
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

72
0
0

3. (a) PRINT FULL NAME Edward Lee Butler

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased July (Month) 11 (Day) 1938 (Year)

8. AGE: Years 4 | Months 2 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace New Madrid Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation X

11. Industry or business

FATHER
12. Name George Butler
13. Birthplace Dewitt, (City, town, or county) Arkansas / (State or foreign country)

MOTHER
14. Maiden name Mary Wilson
15. Birthplace ..... (City, town, or county) Arkansas / (State or foreign country)

16. (a) Informant George Butler
(b) Address Matthews, Mo. Rt. # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Charleston, Missouri

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) Oct. 6, 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1942 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 3 1942 to Oct 3 1942 that I last saw alive on Oct 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Double Lobar Pneumonia	4 da.
Due to	
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? (e) Means of injury

23. Signature Paul S. Bam (M.D. or other) M.D.
Address Charleston Mo Date signed 10/6/42

10.51

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1562
Date Filed 12-11-42

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 Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston, 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.