S. No. 2
DM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20275

State File No. 2593

Registrar's No.

FILED JUN 24 1943

Registration District No. 47

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vineyard Park Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since May 29 (Specify whether years, months or days)
In this community: Since - May 29 - 1943.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~Jackson~~ 47
(c) City or town: Carthage
(If outside city or town limits, write "RURAL") 3
(d) Street No.: 718 E Chestnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Dr. David Bourne Butchers.
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: WH
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mrs. Robert E. Lee Butchers
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 8 (Day) 1877 (Year)

8. AGE: Years 65 Months 10 Days 0 If less than one day hr. min.

9. Birthplace: Mount Carroll Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Dentist
11. Industry or business: Carthage, Mo.
12. Name (Father): Daniel Butchers
13. Birthplace (Father): Madison (City, town, or county) New York (State or foreign country)
14. Maiden name (Mother): Phebe Ann Kellar
15. Birthplace (Mother): Oriskney Falls (City, town, or county) New York (State or foreign country)
16. (a) Informant: Miss Nellie Butchers
(b) Address: 718 E Chestnut, Carthage, Mo.
17. (a) Buried (Buried, cremation, or removal) (b) Date thereof: 6-8-43. (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cem. Carthage, Mo.
18. (a) Signature of funeral director: D. W. Newcomer Sons
(b) Address: 1401 Broadway, Kansas City Mo.
19. (a) 6/8/43 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1943 hour 6-10 minute P M.
21. I hereby certify that I attended the deceased from May 29, 1943 to Jun 8, 1943 that I last saw him alive on Jun 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Occlusion of Coronary Artery	18 hrs
Due to: Arteriosclerosis	1 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prostatic Hypertrophy not malignant	

Major findings: Of operations: Cystotomy Jun 1-43 Prostate not removed
Of autopsy: none

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: J. E. Sheldon (M. D.)
Address: 922 Walnut K.C. Mo. Date signed: 6-8-43

(Licensed Embalmer's Statement on Reverse Side)

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 H C Newromer Jr

Licensed Embalmer No. 4043

P.O. Address K C 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.