

FILED OCT 13 1943 149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a)  In city, town or village of Jackson, Mo.  
(b) City or town Jackson, Mo.  
(c) Name of hospital or institution K. E. Crow - 4 Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days) 40 years  
In this community 40 years

3. (a) FULL NAME

Mrs. Viola Butler

3. (b) If veteran, name war

no

3. (c) Social Security No.

no

4. Sex

F

5. Color or race

W

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

2 divorced wid

6. (b) Name of husband or wife

Arthur Brown

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

years

7. Birth date of deceased

Feb. 11 - 1863

8. AGE:

Years 80 Months 7 Days 17 hr. min.

9. Birthplace

Long Grove, Va

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Lewis Cooper

13. Birthplace Va

14. Maiden name Martha Stone

15. Birthplace Mo

16. (a) Informant Mrs. E. O. Morris

(b) Address 1200 Backpack Way, K.E.M.

17. (a) Burial (b) Date thereof 9-30-43

(c) Place: burial or cremation Elmwood - Cem.

18. (a) Signature of funeral director O. V. Mat

(b) Address 4346 Lewis

19. (a) 9-28-43 (b) J. E. Brown, Dep

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48  
(c) City or town Chelsea 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2305  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28  
year 1943 hour 3:35 minute A.M.  
21. I hereby certify that I attended the deceased from 7-2-43  
19 to 9-28-43 19  
that I last saw her alive on 9-27-43  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Atherosclerosis  
Due to 97  
Other conditions  
Major findings:  
Of operations  
Of autopsy

Duration  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature of physician O. V. Mat (M. D. or other)  
Address 3000 Broadway Date signed 9-28-43

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

**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 *Howard J. Rol*.....

Licensed Embalmer No. *2748*.....

P. O. Address *1346 Leost ne wv*.....

**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.**