

Registration District No. **1024/149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH

(a) County **Jackson**

(b) City or town **Kennett City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **538 Grand**
(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 **unknown** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **98**

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **538 Grand**
(If rural, give location)

(e) Citizen of foreign country? **unknown** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edward Butler**

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

4. Sex **Male** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **unk**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15**
year **1943** hour **7** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Deputy Coroner**, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

50 yr

Immediate cause of death _____
Acute Carbon Monoxide Intoxication

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

unknown

Major findings: Of operations _____

Of autopsy **Inspection History**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

unknown

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

unknown

16. (a) Informant **Coroner's office**

(b) Address **Kennett**

17. (a) **Burial** (b) Date thereof **12-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wyle Hill**

18. (a) Signature of funeral director **Ed Butler**

(b) Address _____

19. (a) **12-26-43** (b) **D. E. Brown**
(Date received local work order) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **12/15/43** **12-3**

Where did injury occur? **Kennett City Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **No** (Specify type of place) (c) Means of injury **Gas**

23. Signature **D. E. Brown** (M. D. or other) **M. D.**

Address **23 Mc Coy** Date **12/17/43**

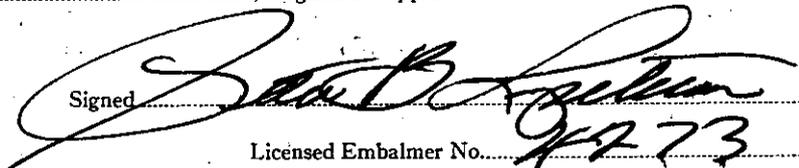
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4273

P. O. Address..... KC

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.