

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

62 Deenn 43824

FILED JAN 10 1944
184
Registration District No.

Primary Registration District No. 3038

State File No.
Registrar's No. 264

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(c) Name of hospital or institution: Convalescent Home #4
(d) Length of stay: In hospital or institution 12 hours
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Brookfield
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LOU BUTLER

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Joseph A Butler 6. (c) Age of husband or wife if alive, years
Birth date of deceased April 18 - 1859

8. AGE: Years Months Days If less than one day
84 7 25

9. Birthplace Pennsylvania Altoona Pennsylvania

10. Usual occupation House wife

11. Industry or business
12. Name Stewart
13. Birthplace Penn
14. Maiden name Unknown
15. Birthplace "

16. (a) Informant Hard Butler

(b) Address 306 N. 32nd Kansas City, Kansas

17. (a) Burial (b) Date thereof Dec-14-1943
(c) Place: burial or cremation Rose Hill Cem Brookfield

18. (a) Signature of funeral director Will Funeral Chapel
(b) Address Brookfield Mo
19. (a) 12-13-43 (b) W W Deenn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1943 hour 5 minute A M.
21. I hereby certify that I attended the deceased from Dec 12 1943 to Dec 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INSUFFICIENCY Duration 24 hrs.

Due to Br. Pneumonia 3 days
Passive Congestive
Due to Senile Changes 70 yrs.

Other conditions
Major findings: 932
Of operations
Of autopsy

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?
(e) While at work? (Specify type of place)
(f) Means of injury
23. Signature W. Deenn (M. D. or other)
Address Brookfield Mo Date signed 12/13/43

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

MOTHER FATHER

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.....

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield, 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.