S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10370

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 83

**1. PLACE OF DEATH:**

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 409 W. Clay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 409 W Clay
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME LOUVENIA-BUTLER

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

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 2 (Month) 17 (Day) 1880 (Year)

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

9. Birthplace Arrow Rock Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name Emanual Butler
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Banks
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mamie Pinkett
(b) Address Los Angeles Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Mo

18. (a) Signature of funeral director F D Ferger
(b) Address Sedalia Mo

19. (a) 3-26-1945 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 25 year 1945 hour Twelve minute 45 A M.

21. I hereby certify that I attended the deceased from June 19 1944 to March 25 1945 that I last saw her alive on 3-25- 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Apoplexy | |
| Due to Chronic Interstitial Nephritis | |
| Due to Aortitis | |
| Other conditions myocarditis (Include pregnancy within 3 months of death) | |

Major findings:
Of operations —
Of autopsy — 131

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 A. R. Maddox (M. D. or other) M.D.
Address 116½ W. Main Date signed 3-26-45

10 dd

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 4/7/45
Date Filed

**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. F. D. Ferguson.

Licensed Embalmer No. 2172

P. O. Address Sedalia

**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.**