

S. No. 2  
M-8-43  
5-17-39  
X37822

**FILED JUN 12 1945**  
Registration District No. **2**

Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Mo. Methodist Hosp.  
(If not in hospital or institution, write street number & location)  
 (d) Length of stay: In hospital or institution 1 mo 4 days  
(Specify whether years, months or days)  
 In this community 1 month 4 days

**3. (a) PRINT FULL NAME** Asa W. Butler  
 3. (b) If veteran, name war Spanish Amer.  
 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced  
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased November 28 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 3  
 If less than one day hr. min.

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

10. Usual occupation ret. U.S. Marshal

11. Industry or business Kansas City, Mo. District

12. Name David W. Butler

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

14. Maiden name Adenath Draper

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

16. (a) Informant Mr. J. E. McLean

(b) Address 2713 Felix

17. (a) burial (b) Date thereof 6/21/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Mo

18. (a) Signature of funeral director Walter Belle & Bowman

(b) Address 319 to 12th

19. (a) 6/1/45 (b) Delbert O. Peck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Geney  
 (c) City or town Albany  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 13  
(If rural, give location)  
 (e) Citizen of foreign country? no **!** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 31  
 year 1945 hour 7 minute 21 9 M.

21. I hereby certify that I attended the deceased from April 28, 1945, to May 31, 1945;  
 that I last saw him alive on May 30, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pituitary of liver  
 Duration ?

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 124  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

(c) 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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Serran M.D.  
 Address St. Joseph, Mo Date signed 6/31/45

FEB 13 1941

*Dr. Earl Senor,  
700 1/2 Franklin*

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 *Edward A. Brown*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 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.