. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

Dr. L. A. Hue

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

19798
State File No.
Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Butler 519 N Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Butler
(If outside city or town limits, write "RURAL")
(d) Street No.: Wesy Pine Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mattie Butler
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Edmond Butler
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 6th 1865 (Month) (Day) (Year)
8. AGE: Years 81 Months 2 Days 27 If less than one day hr. min.
9. Birthplace: Christana Norway 11 (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: -------Johnson
13. Birthplace: Norway 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No record
15. Birthplace: Norway 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Elmer Butler
(b) Address: Butler Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakhill
18. (a) Signature of funeral director: Culver-Underwood
(b) Address: Butler Missouri
19. (a) 6-5-45 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 45 hour 4 minute 45P M.
21. I hereby certify that I attended the deceased from May 28th, 1945, to June 2nd, 1945; that I last saw her alive on June 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis -	
Due to: Chronic hypertension & arteriosclerosis	
Due to:	
Other conditions (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:
(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: 0
23. Signature: L. A. La Hue (M. D. or other)
Address: Butler, Mo. Date signed 6-4-45

1506 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File No. 6-45-616
Date Filed 7-10-45

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 myself, Registered Apprentice No. _____, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.