

STANDARD CERTIFICATE OF DEATH

State File No. 24735

FILED JUL 21 1945
Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural--Tavern Township
(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 60 Years
(Specify whether years, months or days)
In this community 60 Years

3. (a) PRINT FULL NAME Sena Butler

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

4. Sex Female 5. Color or race White 6. (a) Single, married, divorced Widow
6. (b) Name of husband or wife Carry Butler 6. (c) Age of husband or wife if alive 1854 years
7. Birth date of deceased Feb. 8,
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 1 If less than one day
hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Don't know
13. Birthplace " "
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Cole
(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 6/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Chappel

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) 6-19-1945 (b) Chas M Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Tavern Township (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1945 hour 10 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 9 to June 9, 1945
that I last saw him alive on June 9 and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Arteriosclerosis

Due to Senility

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

Major findings:
Of operations _____
Of autopsy _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. O. Sewitt (M. D. or other) Do
Address Waynesville Mo Date signed 6-19-45

AUG 20 1945

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

Paul B. Hooper

Licensed Embalmer No.

3261

P. O. Address

Waynesville, N.C.

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.