

No. 2
8-43
5-17-39
X37823

State File No. _____
Registrar's No. 103

FILED 1946 5 1946
Registration District No. 17025

Primary Registration District No. 5282

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

1. PLACE OF DEATH:
(a) County Clark
(b) City or town St. Francisville, Mo.
(c) Name of hospital or institution Sweet Home Hosp.
(d) Length of stay: In hospital or institution Life
In this community Life

3. (a) PRINT FULL NAME Annie May Butler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harold Butler 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 4 - 1886

8. AGE: Years 59 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Mo. D

10. Usual occupation housekeeping

11. Industry or business _____

12. Name Capt Lewis W. Williams

13. Birthplace unknown

14. Maiden name Mary Luanda Davidson

15. Birthplace Mo. D

16. (a) Informant Harold Butler

(b) Address Pevee Mo

17. (a) Burial (b) Date thereof Dec. 8 - 1945

(c) Place: burial or cremation Tracy C. Gentry, Ind.

18. (a) Signature of funeral director R. R. Bridges
(b) Address Pevee Mo.
19. (a) 1228-45 (b) J. R. Bridges

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clark
(c) City or town St. Francisville, Mo.
(d) Street No. Sweet Home Hosp.
(e) Citizen of foreign country? _____ (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1945 hour 4 minute 50 A.M.
21. I hereby certify that I attended the deceased from Aug. 16 1945 to Dec. 5 1945
that I last saw her alive on Nov. 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____
Due to _____

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

Major findings: Of operations Hof
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? _____ (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 P. W. Jennings (M. D. ~~Sealer~~)
Address Pevee Mo. Date signed 12/21/45

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

RECEIVED

District Health Officer No. 10

District File Number 1-46-73

Date Filed JAN 23 1946

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 *Olis R. Lutting*

Licensed Embalmer No. *29657*

P. O. Address *Mayfield*

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.