7. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23021

Registration District No. 67 Primary Registration District No. 5956 Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Sparta Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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: 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Christian
(c) City or town: Sparta Mo. R. R.
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Butler
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 10 (Day) 1877 (Year)

8. AGE: Years 69 Months 1 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace: Mo. U (City, town, or county) (State or foreign country)
10. Usual occupation: Barber
11. Industry or business:
FATHER
12. Name: Thomas Butler
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Shipman
15. Birthplace: Mo. U (City, town, or county) (State or foreign country)
16. (a) Informant: Margaret M. Gann
(b) Address: Sparta Mo. R.R. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Shipman Cemetery
18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark Mo.
19. (a) Aug 3-46 (Date received local registrar) (b) Lillie Baer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from March-1-1946 to May-23-1946 that I last saw him alive on May-5-1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremic Poisoning	
Due to: Chronic Parenchymatous Nephritis	
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? Means of injury:
23. Signature: Warren J. Nelson (M. D. or other)
Address: Sparta Mo. Date signed: 5-24-46

58 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-841
Date Filed AUG 8--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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.