

S. No. 2
M-5-43
5-17-39
e I x3667

33310

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 5466 State File No. _____ Registrar's No. 811

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town S. Campbell Twp, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
In this community 30 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) County Orleans
(c) City or town New Orleans
(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 _____

3. (a) PRINT FULL NAME Sims BUTLER #5843-H
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7 year 1946 hour 10 minute 55 A.M.
21. I hereby certify that I attended the deceased from September 7, 1946, to October 7, 1946;
that I last saw him alive on October 7, 1946;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 17 1896
(Month) (Day) (Year)

Immediate cause of death Schizophrenia, catatonic type Duration approx. 5 mos.

8. AGE: Years Months Days If less than one day
50 1 20 hr. min.

Due to _____
Due to _____

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Laborer

11. Industry or business _____
12. Name Osborn Butler
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Mary Buckhalter Butler
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

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

16. (a) Informant File
(b) Address MCFP

17. (a) Burial & removal (b) Date thereof 10/15/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Orleans, Louisiana

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? _____

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI
19. (a) 10-15-46 (b) W. E. Handy md.
(Date received local registrar) (Registrar's signature)

23. Signature E. W. Mordant (M. D. or P. D.)
Address Medical Center, Fed. Pris. Date signed 10-15-46

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

33310

111

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.....

C. P. Rauf

Licensed Embalmer No.....

2046

P. O. Address.....

Shirleyfield Rd

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.

T