

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36021

State File No. \_\_\_\_\_

FILED DEC 6, 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 6039

Registrar's No. 77

1. PLACE OF DEATH

(a) County Barry  
(b) City or town Butterfield rural  
(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)  
In this community 14 years  
(years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 31 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mo. Bragg (City, town, or county) MO. O (State or foreign country)

10. Usual occupation Miner

11. Industry or business Had mine

12. Name John Baker  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Hornig Champion  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ira Wilson  
(b) Address Witchman Alaska

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Wm. R. Frost

(b) Address Miami Okla

19. (a) Nov 30-46 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1946 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 9:35 P.M. Nov 15, 1946 to 10:05 Nov 15, 1946  
that I last saw him alive on Nov 15, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Coronary Artery Disease  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94A  
Of operations \_\_\_\_\_  
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 1

23. Signature Geo. W. Neuman, M.D.  
Address Carsville, Mo Date signed 11-16-46

RECEIVED

District Health Officer No. 2.

District File Number 12-46-1198

Date Filed DEC 5 1946

JAN 29 1947

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 *Murrell R. Frick*

Licensed Embalmer No. 917

P. O. Address *Miami Okla*

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.