

No. 2  
12-45  
17-39  
K47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5501  
Registrar's No. 17

Registration District No. 277

Primary Registration District No. 3045

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South Grand Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years (Specify whether  
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67  
(c) City or town Charleston 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Grand Ave. 2  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Ellen Butler  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 28th  
year 1947 hour 3:00 minute 25 AM.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Marton Butler 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased December 9, 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3, 1946 to Jan 28, 1947  
that I last saw h. ER alive on Jan 27, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
57 1 19 hr. min.

Immediate cause of death Ca of Sigmoid Duration 6 mo  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Not Known Kentucky  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: none  
Of operations: none

11. Industry or business None

Of autopsy: none Wet  
Underline the cause to which death should be charged statistically.

12. Name John Patterson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Kelly  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant William M. Butler  
(b) Address Charleston, Missouri

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 \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery  
Charleston, Missouri

18. (a) Signature of funeral director Joe R. Neumeier  
(b) Address Charleston, Missouri  
19. (a) 2-3-47 (Date received local registrar) (b) Mrs. John Bonduant (Registrar's signature)

23. Signature E. Alice Tolminger (Physician) (D. or other) \_\_\_\_\_  
Address Charleston, Mo Date signed 2/1/47

191

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 21

District File Number 247-226

Date Filed 2-11-47

---

---

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 Joe R. Nummel

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.