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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37103

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1406

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2831 So. 22nd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2831 So. 22nd (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martin Van Buren Butler

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Butler

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 10 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	8	18	hr. min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Charles Butler
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Alice Downs
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Martin V. Butler

(b) Address St. Joseph, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/29/47 (Month) (Day) (Year)

(c) Place: burial or cremation Shenandoah, Iowa

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 12-2-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 287

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10/7/ 1947 to 11/28 1947 that I last saw him alive on 11/26/ 1947 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation with renal insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (e) Means of injury

23. Signature Bernard S. Good (M.D. or other)

Address 224 Logan Bldg. St. Joseph, Mo. Date signed 11/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Francis Joseph Wyland Jr., Registered Apprentice No. 244, working under my personal supervision.

Signed. Frank A. Bauman

Licensed Embalmer No. 1710

P. O. Address. St Joseph 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.