

No. 2  
-12-45  
-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1737

State File No. ....

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61

(c) City or town Macon 3  
(If outside city or town limits, write "RURAL") 2

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernest H. Butner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Maggie Butner

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

7. Birth date of deceased 3 26 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Shelby Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business \_\_\_\_\_

12. Name Harlan Butner

13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Barton

15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. McDowell

(b) Address Macon, Mo

17. (a) Burial (b) Date thereof 2/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo.

18. (a) Signature of funeral director Walter Skinner

(b) Address Macon, Mo

19. (a) 2-6-48 (b) Ruth McNeely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30  
year 1948 hour 11 minute 00 p.M.

21. I hereby certify that I attended the deceased from 1/15/48  
1/15/48 to 1/30/48 1948  
that I last saw him alive on Jan 30  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 15 days

Due to Arteriosclerosis

Due to Hypertension

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

Major findings:  
Of operations \_\_\_\_\_ 3A  
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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Specify means of injury)

23. Signature A. P. Hudson

Address Macon Date signed 2/5/48

RECEIVED  
District Health Officer No.  
District File Number 2-48-2  
Date Filed FEB 10 1948

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.....

Thos. R. Ball....., Registered Apprentice No. 37  
working under my personal supervision.

Signed Albert Skinner  
Licensed Embalmer No. 75-1  
P. O. Address Macon 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.