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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 23 1948

Registration District No. 128

Primary Registration District No. 4199

Registrar's No. 18

1. PLACE OF DEATH

(a) County Gentry

(b) City or town Mc Fall  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community Six months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town Mc Fall Mo  
(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 Wiley Herbert Butcher

3. (b) If veteran. name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1948 hour 1:05 minute 4 M.

21. I hereby certify that I attended the deceased from One visit on Febr 15, 1948 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on Feb 15, 1948 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased Aug 26 1882  
(Month) (Day) (Year)

Immediate cause of death Advanced pulmonary tuberculosis

Duration over a period of year

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

11. Industry or business laborer

12. Name John Butcher

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

14. Maiden name Elizabeth Painter

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

16. (a) Informant Mrs Nina Popplewell

(b) Address Mc Fall Mo

17. (a) Burial (b) Date thereof Feb 26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muddy Cemetery

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 Geo L Gromp

(b) Address Pattonsburg Mo

19. Mar 13-48 (b) Homer H. White  
(Date received local registrar) (Registrar's signature)

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

23. Signature John H. Parker (M. D. or other) 0

Address Pattonsburg Mo Date signed 2/26/48

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

8  
0  
1

48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*Robert V. Dunham*....., Registered Apprentice No. *50*  
working under my personal supervision.

Signed *Dea A Gromer*.....

Licensed Embalmer No. *3022*.....

P. O. Address *Pattonsburg 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.