

National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. **277**Primary Registration District No. **5948**Registrar's No. **36**

## 1. PLACE OF DEATH:

(a) County **Pike**  
 (b) City or town **Ashley**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Home**  
 (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)3. (a) PRINT FULL NAME **Wm Henry Butler**

3. (b) If veteran, **x** name war.....  
 3. (c) Social Security No. ....

4. Sex **male** Color or race **color**  
 6. (a) ~~Single, widowed, married,~~  
~~divorced~~ **2**  
 6. (c) Age of husband or wife if alive **x** years  
 7. Birth date of deceased: **June 11 1868**  
 (Month) (Day) (Year)

8. AGE: **80** Years **4** Months **4** Days **—** hr. **—** min.

9. Birthplace: **Pike Co. Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Sexton**11. Industry or business: **Wesley Butler**12. Name: **Wesley Butler**13. Birthplace: **Pike Co. Mo.**  
(City, town, or county) (State or foreign country)14. Maiden name: **Hedda Wilkint**15. Birthplace: **Pike Co. Mo.**  
(City, town, or county) (State or foreign country)16. (a) Informant: **Viola Linear**(b) Address: **Ashley Mo.**17. (a) **Burial** (b) Date there: **June 17, 1948**  
(Rural, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: **Ashley Mo.**18. (a) Signature of funeral director: **Wesley Butler**(b) Address: **Bowling Green Mo.**19. (a) **6-28-48** (b) **Bill Robinson**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** County **Pike**  
 (c) City or town **Ashley**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **15**  
 year **1948** hour **11:45 P.M.** minute **11:45 P.M.**

21. I hereby certify that I attended the deceased from **1928**  
 ....., 19....., to **6-15-48**, 19.....

that I last saw **him** alive on **April 16**, 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis**  
 Duration: **yes**

Due to.....

Due to.....

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

Major findings:  
 Of operations: **9202**

Of autopsy.....

## 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? **Yes** (e) **2** (Specify type of injury)23. Signature: **J. M. Atthes** (M. D. or other).....Address: **Bowling Green Mo** Date signed: **6-23-48**

DEPT. OF HEALTH

RECEIVED  
District Health Officer No. 1  
District File Number 7-48-1  
Date Filed JUL 7 - 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 \_\_\_\_\_

*Garold C. Kunk*

Registered Apprentice No. *4*

working under my personal supervision.

Signed *Grace M. Bantlehead*

Licensed Embalmer No. *2704*

P. O. Address *Bowling Green Ill*

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.