

FILED NOV 11 1942  
737

3023

Registrar's No. 197

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 weeks - 11991 7 2nd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 weeks  
(Specify whether  
In this community 26 yrs.  
years, months or days)

8. (a) PRINT FULL NAME John Eldredge Butcher

3. (b) If veteran, name war None 8. (c) Social Security No. 500-10-6263

4. Sex Male 5. Color or race Whites 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ada Mae Butcher 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 14, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 30 hr. \_\_\_\_\_ min.

9. Birthplace Sedalia - near Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business Miner

MOTHER FATHER  
12. Name William S. Butcher  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Waver  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russell Miller

(b) Address Clinton, Mo.

17. (a) ~~Windsor, Mo.~~ (b) Date thereof Oct 17 1942  
(Burial, or cremation) (Month) (Day) (Year)

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

18. (a) Signature of funeral director R.D. Brauningear

(b) Address Clinton, Mo.

19. (a) Oct. 19, 1942 Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson Co.  
(c) City or town Leeton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th  
year 1942 hour 10:00 minute A.M. M.

21. I hereby certify that I attended the deceased from 5-3-42  
\_\_\_\_\_, 19\_\_\_\_, to 6-19, 1942

that I last saw him alive on 6-19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation ?  
Duration \_\_\_\_\_

Due to Chronic myocarditis 3  
1.

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

Other conditions (Include pregnancy within 3 months of death) 938

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

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) (e) Means of injury ^

23. Signature Russ B. Jordan (M. D. or other) \_\_\_\_\_

Address Windsor, Mo. Date signed 10-17-42

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

42  
2

H.N.

RECEIVED

District Health Officer No. 7<sup>d</sup>

District File Number 11-42-1175

Date Filed 11-6-42

*Handwritten signature*

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 *mg*  
....., Registered Apprentice No. 3377  
working under my personal supervision.

Signed *R.A. Branninger*  
Licensed Embalmer No. 3377  
P. O. Address *Secton, 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, above space should be left blank.

*Mrs. Kaine - Kaine - Jordan - Jordan - 901 N. Second St. - Secton, Mo.*