

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

32845

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 474
 (b) Township _____ Primary Registration District No. 5638 Registered No. _____
 (c) City Halltown Mo (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Minnie Butz

(a) Residence, No. Halltown Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~
 (OR) WIFE OF Joe Butz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halltown Mo.

FATHER 13. NAME James M Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halltown Mo.

MOTHER 15. MAIDEN NAME Sarah Jane Nichol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Burg Mo.

17. INFORMANT (ADDRESS) Miss Pearl Downing
Halltown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Halltown Mo. DATE Sept 28 1939

19. FUNERAL DIRECTOR (ADDRESS) Lawrence Carr
West Plains Mo.

20. FILED 9/27 1939 Mrs. Bess Wilkerson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1st. 1939 to Sept 26 1939

I last saw h. or alive on Sept 26 39 Death is said to have occurred on the date stated above, at 6:25 A

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:
Chronic Cholelstitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation or deceased?
 If so, specify _____
 (Signed) [Signature]
 (Address) Republic Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED

District Officer No. 6,

Dist

1039-1920

Date Recd

OCT 5 1939

STATEMENT BY LICENSED EMBALMER

I, Lawrence Carr, Licensed Embalmer No. 4031

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lawrence Carr

Licensed Embalmer No. 4031

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.)