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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41472

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4865

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C. Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hosp.
(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 ———

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ray
(c) City or town: Orrick
(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.? ——— years.

3. (a) PRINT FULL NAME: JUANITA Ann BUTLER
3. (b) If veteran, name war: ———
3. (c) Social Security No. ———
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ———
6. (c) Age of husband or wife if alive: ——— years
7. Birth date of deceased: 12/11/38 (Month) (Day) (Year)
8. AGE: 2 Years | Months — | Days 11 | If less than one day ——— hr. ——— min.
9. Birthplace: Orrick Ray Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business: 0
FATHER
12. Name: Reuben Butler
13. Birthplace: Carol Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lillian Broomfield
15. Birthplace: Ray Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Lillian Butler
(b) Address: Camden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation: South Point Cem
18. (a) Signature of funeral director: C.V. Gibson & Son
(b) Address: Orrick Mo
19. (a) Dec. 23, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 40 hour 12 noon M.
21. I hereby certify that I attended the deceased from Crowe, 19——;
that I last saw h. alive on ———, 19——;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Severe deep burns Trunk & Chest Bronchopneumonia	
Due to Fell into hot water	
Due to ———	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ———	
Of autopsy See above	

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): Accident
(b) Date of occurrence: 12/22/40
(c) Where did injury occur? Orrick Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: 361 5
23. Signature: [illegible] (M. D. or other) Address: [illegible] Date signed 12/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.