No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6225+

Registration District No. 173 FILED MAR 14 1941

Primary Registration District No. 3006

Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County BOONE
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Hospl O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 hours (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 3
(If outside city or town limits, write "RURAL")
(d) Street No. 807 N Garth 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CARL AUBREY BUTLER

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-07-0034

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Leone LANTZ Butler

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased MARCH (Month) 26 (Day) 1913 (Year)

8. AGE: Years 27 Months 10 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Columbia (City, town, or county) O Mo (State or foreign country)

10. Usual occupation Repair + Installator

11. Industry or business Missouri Utilities Co

FATHER
12. Name Aubrie Butler
13. Birthplace HOWARD Co (City, town, or county) O MO (State or foreign country)

MOTHER
14. Maiden name TEMPY Daly
15. Birthplace Boone Co (City, town, or county) O MO (State or foreign country)

16. (a) Informant Aubrie Butler
(b) Address 807 N Garth Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R. Wiggett
(b) Address Columbia, Mo

19. (a) 2/12/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 10th year 1941 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken right leg & Shock — Exposure

Due to Automobile turning over

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Feb 9th 1941
(c) Where did injury occur? Columbia (City or town) Boone (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 U Highway 63 11 X (Specify type of place)
While at work? no (e) Means of injury Auto Accident

23. Signature Morris McLane (M.D. or other) 3
Address Columbia Mo Date signed

(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. 3183

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.