

No. 2
13-40
17-39
X23159

STANDARD CERTIFICATE OF DEATH

1567A

State File No. _____

Registration District No. 760A Primary Registration District No. 5999 Registrar's No. _____

1. PLACE OF DEATH: St Charles
 (a) County Westville
 (b) City or town Carroll
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 10 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Charles
 (c) City or town Westville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 2 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Jack Butler
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clara Butler 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Sept 1 17 1887
 (Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Clout North Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation Home Labor

11. Industry or business _____

MOTHER FATHER
 12. Name Jack Butler
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Clara Butler

(b) Address Westville, Mo

17. (a) Burial (b) Date thereof May 4 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Mo

18. (a) Signature of funeral director R. Pittman

(b) Address Westville Mo

19. (a) 5/5/41 (b) Gerard S. Fenwick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 2 year 1941 hour 4 Pm minute 4 P M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to May 2 1941; that I last saw him alive on May 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 days

Due to Septicemia 10 yrs

Due to 30

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

651 (Specify type of place) _____ (a) Means of injury _____

23. Signature Clara Butler (M. D. or other) _____

Address Westville Mo Date signed _____

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

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

J. E. Pelman

Licensed Embalmer No.

2711

P. O. Address

Wentzville, 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, fact should be so stated above.