

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

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

1. PLACE OF DEATH
 (a) County Scott
 (b) City or town Liberton Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community One Week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 989
 (a) State Ill (b) County 11
 (c) City or town Urbana
(If outside city or town limits, write "RURAL")
 (d) Street No. 505 So. Race St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME JESSIE C. BUTLER
 (b) If veteran, name war ✓
 (c) Social Security No. _____

MEDICAL CERTIFICATION April 13
 20. DATE OF DEATH: Month April day Sunday
 year 1941 hour 5 pm minute _____ M.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Lee Butler 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased April 22 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April
April 11 1941 to April 13 1941
 that I last saw him alive on April 13 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Labor Pneumonia (Bilateral)
 Duration 7 days

8. AGE: Years 79 Months 11 Days 21
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions Severity
(Include pregnancy within 3 months of death)
 Major findings: Severity
 Of operations _____
 Of autopsy _____

9. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name David Crawford
 13. Birthplace Salem N.Y. 1
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Sweeney
 15. Birthplace Shannon mound, Ind
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Emma A. Crawford
 (b) Address Urbana, Ill
 17. (a) _____ (b) Date thereof 4-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Family home care and 712

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?
 (Specify type of place) _____
 (e) Means of injury _____

18. (a) Signature of funeral director National Funeral Home
 (b) Address Liberton
 19. (a) 4/6/41 (b) W. H. Russell
(Data received local registrar) (Registrar's signature)

23. Signature Shannon C. M. Clark (M.D. or other) 1
 Address Liberton, Mo Date signed 4/14/41

RECEIVED

District Health Officer No. 2,

District File Number 541-565

Date Filed 5/8/41

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 Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Lipston, 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.