

S. No. 2
 1-4-41
 5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15653

State File No. _____

Registration District No. 104

Primary Registration District No. 202

Registrar's No. 1087

1. PLACE OF DEATH
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since 1/19/42
Same. (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 89
 (c) City or town New London
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BUTLER, William C.
 3. (b) If veteran, name war Phillipine Insurrection.
 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17
 year 1942 hour 12 minute 50 A.M.
 21. I hereby certify that I attended the deceased from 1/19/42
 19. _____ to 5/17/42 19. _____
 that I last saw him alive on 5/17/42 19. _____
 and that death occurred on the date and hour stated above.

4. Sex Male. 5. Color or race White.
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Josie Butler.
 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased June 26 1872
(Month) (Day) (Year)

Immediate cause of death
Endarteritis, both lower extremities Ukn.
and
Cerebral Arteriosclerosis with Ukn.
Mental Deterioration.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace New London Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

Major findings: None. (No operation)
 Of operations _____
 Of autopsy No autopsy done.
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Thomas Butler

13. Birthplace Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Betty Miller
(City, town, or county) (State or foreign country)

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Government Records, VAF, Jeff. Bk., Mo.

17. (a) Removal (b) Date thereof 5/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 "Washington" Ashington, Mo.

19. (a) MAY 18 1942 (b) C. D. Miller
(Date received local registrar) (Registrar's signature)

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? _____

While at work? Ruffo and (Specify type of place)
 _____ (Means of injury)

23. Signature R. W. GOOD, M.D. (M. D. or other)

Address Acting Chief Medical Officer signed _____

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

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(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.....

Welford H. Burnley

Licensed Embalmer No..... *4200*.....

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.