V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1942

Registration District No. 164

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37369

Primary Registration District No. 3023

Registrar's No. 122

51
2
2

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town (If outside city or town limits, write "RURAL") 2

(d) Street No. 416 Broad St (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Minnie May Butler

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John W Butler

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. (Month) 7 (Day) 1895 (Year)

8. AGE: Years 47 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Montserrat (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John Thomas Slavens
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Edna Nelson
15. Birthplace Virginia (City, town, or county) (State or foreign country) /

16. (a) Informant John W Butler
(b) Address Warrrensburg. Mo

17. (a) Appleton City Mo (Burial, cremation, or removal) (b) Date thereof Nov. 27, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City.

18. (a) Signature of funeral director Sweeney- Philips
(b) Address Warrensburg. Mo

19. (a) Nov. 30, 1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25, 1942 year hour 9 minute P M.

21. I hereby certify that I attended the deceased from Oct 1942 to Nov. 25 1942 that I last saw her alive on Nov 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	1yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

468

Major findings:
Of operations
Of autopsy

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)
(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)
While at work? (e) Means of injury 0

23. Signature R Lee Cooper (M. D. or other) M.D.
Address Warrensburg Mo Date signed 11-26-42

1001

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1942

...ot Health Officer No. 8,

...t File Number .....

...iled 12-3-42

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 S. Ray Sweeney, Registered Apprentice No. ....., working under my personal supervision.

Signed S Ray Sweeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg.

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.