

No. 2
-11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17987
Registrar's No. 8

FILED MAY 20 1943
Registration District No. _____

4728
Primary Registration District No. _____

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

15
2
0

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Stargow
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 69 yrs. No months. 13 days (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Everett Almond Butner

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color of race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen B. Butner 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 28 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Stargow Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer & Paper hanger

11. Industry or business Self

12. Name John Lewis

13. Birthplace Stargow Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Butner

15. Birthplace Stargow Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Helen B. Butner
(b) Address Stargow Mo.

17. (a) Burial (b) Date thereof April 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stargow Mo.

18. (a) Signature of funeral director Clubsley Freeman
(b) Address Stargow Mo.
19. (a) 7-14-43 (b) W. O. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11
year 1943 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3 - 1 - 1943 to 4 - 11 - 1943
that I last saw him alive on 4/1
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to myocarditis

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) _____
(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 _____

23. Signature W. O. James (M. D. or other) _____
Address Stargow Mo. Date signed 4-13-43

5-15-43

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

E. W. Freeman

Licensed Embalmer No.

3978

P. O. Address

Glasgow, 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, above space should be left blank.