No. 2
-2-43
17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3604

State File No. .....

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 2

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: R#2 / Ohio Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED: 67

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. ~~[illegible]~~ R#2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BOBBIE JEAN BUTLER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race COLORED

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 1 (Month) 1 (Day) 1944 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	11	hr. min.

9. Birthplace CHARLESTON (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation INFANT

11. Industry or business —

FATHER
12. Name LEROY BUTLER
13. Birthplace BLYTHEVILLE (City, town, or county) ARK 1 (State or foreign country)

MOTHER
14. Maiden name PECLAR ARMSTRONG
15. Birthplace MISS. CO. (City, town, or county) ARK. 1 (State or foreign country)

16. (a) Informant LEROY BUTLER
(b) Address R#2 CHARLESTON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1 (Month) 12 (Day) 44 (Year)
(c) Place: burial or cremation OAK GROVE CHARLESTON, MO

18. (a) Signature of funeral director [signature]
(b) Address Charleston Mo

19. (a) 1/1/44 (Date received local registrar) (b) Mrs Lon Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 12 year 1944 hour 1:30 minute AM.

21. I hereby certify that I attended the deceased from 1-9- 1944, to —, 19..; that I last saw him alive on 1-9- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho pneumonia	5 dys
Due to Bronchitis	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature W. A. Fingal (M. D. ~~or other~~)
Address 204 S. Locust St Charleston Mo Date signed 1-21-44

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 244-2
Date Filed 2-7-44

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.