

14869

State File No. _____

Registrar's No. 91DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHRegistration District No. 157Primary Registration District No. 5588

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural--Sarcoie Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 1, Reeds
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 59 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Neva Myrtle Butcher3. (b) If veteran, name war No 3. (c) Social Security None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Jay Butcher 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased June 25 1884
(Month) (Day) (Year)8. AGE: Years 59 Months 9 Days 15 If less than one day
hr. _____ min.9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business None12. Name George M. Gibson13. Birthplace Laurence County Missouri
(City, town, or county) (State or foreign country)14. Maiden name Clara Craven15. Birthplace Washington Iowa
(City, town, or county) (State or foreign country)16. (a) Informant Gibson Butcher(b) Address Route 1, Reeds, Missouri17. (a) Burial (b) Date thereof Apr. 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Park Cemetery18. (a) Signature of funeral director Knell Mortuary(b) Address Carthage, Missouri19. (a) April 11, '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 1, Reeds
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1944 hour 12 minute 45 a. m.21. I hereby certify that I attended the deceased from March 17
1944, to April 9, 1944
that I last saw h. ex alive on April 9, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of the Right Lung Duration 2 yrs

Due to _____

Due to _____

Other conditions 47d
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 23. Signature Geo. H. Braden (M. D. or other) MD
Address Reeds Mo Date signed 4/10/44

(Licensed Embalmer's Statement on Reverse Side)

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

1203

FILED MAY 15 1944

44-4-369

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..... *Erwin R. Knell*

Licensed Embalmer No. 391

P. O. Address..... *Carthage*

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.