No. 2
1—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No. 6665

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 ds. (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Green Ridge Mo
(If outside city or town limits, write "RURAL")
(d) Street No. not numbered
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Mattie Butler
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Pittman Butler
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Feb 23 1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Brighton, McCowpin Co. Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Operated a Farm
FATHER
12. Name Isadic Butler
13. Birthplace New Jersey (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cary Butler
15. Birthplace New Jersey State (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ruby Hoard
(b) Address Green Ridge, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3 46 (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge Mo
18. (a) Signature of funeral director L. L. Ream
(b) Address Green Ridge Mo
19. (a) 2-4-46 (Date received local registrar) (b) A. J. Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1946 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from 2 January 1946 to Feb 1 1946 that I last saw him alive on Feb 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Virus Infection
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 107

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 [illegible] (M. D. or other)
Address Sedalia Date signed Feb 2 46

(Licensed Embalmer's Statement on Reverse Side)

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

5621

30
6
4
5
46

251

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-6-46

FEB 23 1946

FEB 1 1946

FEB 11 1946

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 L. E. Boulelin

Licensed Embalmer No. 3867

P. O. Address SEDALIA

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.