

FILED SEP 12 1946

State File No. _____

Registration District No. 28007

Primary Registration District No. 4444 5955

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural Salt River
(c) Name of hospital or institution: Near Busch Station No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown
In this community Unknown
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Unknown
(c) City or town Fresno
(d) Street No. Unknown (general delivery)
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALVIN D BUTLER

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (d) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Unknown Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace 2
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Goodin (Pike Co. Cor.)

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof 8/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 8/26/46 (b) Margaret E. Alphin
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by hanging self Duration _____

Due to _____

Due to _____

Other conditions (Includes 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) suicide

(b) Date of occurrence Aug 20 1946

(c) Where did injury occur? rural Pike Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? is been shot

While at work? No (Specify type of place) (e) Means of injury strangulation

23. Signature S.A. Goodin (M.D. or other) _____

Address Louisiana Mo Date signed 8/26/46

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

255

RECEIVED
District Health Officer No. 10
District File Number 9-46-1686
Date Filed SEP 11 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was only buried ~~embalmed~~ by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed: Harold T. Garner
Licensed Embalmer No. 3720
P. O. Address: Louisiana 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, fact should be so stated above.