

Registration District No. 107

Primary Registration District No. 30195422

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Kennett Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Wesley Butler Jr  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29  
year 1946 hour 10 minute 9 M.  
21. I hereby certify that I attended the deceased from Oct-19, 1946, to Oct-29, 1946  
that I last saw him alive on Oct-28, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Oct 12 1894  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Haemorrhage  
Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions: Myocarditis  
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months \_\_\_\_\_ Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration 7 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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

10. Usual occupation R. Farm  
11. Industry or business Farming  
12. Name John Wesley Butler Jr  
13. Birthplace Unknown (City, town, or county) Pa. (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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) (b) Means of injury \_\_\_\_\_  
23. Signature Roy E. Baerdel (M. D. or other) MD  
Address Kennett Mo. Date signed 10-29-46

16. (a) Informant Hubert Butler  
(b) Address Kennett Rural #2  
17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)  
(c) Place: burial or cremation McGraw Gym.  
18. (a) Signature of funeral director Earl Hubbard  
(b) Address Kennett Mo  
19. (a) 10-30-1946 (Date received local registrar) (b) Earl Hubbard (Registrar's signature)

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

MOTHER FATHER

NOV 19 1946

RECEIVED  
District Health Office No. 2,  
District File Number 1146-128  
Date Filed 11-7-46

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.