V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12485

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 587

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2517 Messanie St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 29 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2517 Messanie St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country *

3. (a) PRINT FULL NAME Hugh Raymond Butler

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. 491-09-4982

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Irene Butler

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 14 (Day) 1890 (Year)

8. AGE: Years ✓ 56 | Months 10 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace West Union (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Mgr. Body Shop

11. Industry or business Miller-Day Motor Co.

FATHER
12. Name Barton Butler
13. Birthplace West Union (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Carolina Beamer
15. Birthplace West Union (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Mrs. Irene Butler
(b) Address 2517 Messanie St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Siedenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 5-2-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-22 1947 to 4-29 1947 that I last saw him alive on 4-28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis, acute — Duration

Due to Coronary Sclerosis

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 0

23. Signature Harold J. Brumm (M. D. or other)
Address St. Joseph 16, Mo. Date signed 5-1-47

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1947

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.