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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25046

Registration District No. 288-282 Primary Registration District No. 4426 Registrar's No. 40

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Fair Play (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

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3. (a) PRINT FULL NAME Samantha Laurenda Butler
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm H. Butler
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July (Month) 28 (Day) 1872 (Year)
8. AGE: Years 74 Months 10 Days 14 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) a (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Green Robinson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name McDaniel
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Fay Mead
(b) Address Fair Play, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lindley Prairie
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Mo.
19. (a) Aug 8, 1946 (Date received local registrar) (b) Ralph Gordon (Registrar's signature) by [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22 year 1947 hour minute 8 A.M.
21. I hereby certify that I attended the deceased from / 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm B. Richter (M. D. or other) M.D.
Address Stockton, Mo. Date signed 8-6-47

(Licensed Embalmer's Statement on Reverse Side)

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.