

FILED DEC 11 1947

State File No. ....

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 418

1. PLACE OF DEATH:

(a) County... Calloway  
(b) City or town... Hutton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution... State Hosp  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution...  
In this community... same  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Monroe <sup>14</sup>  
(c) City or town... Paris <sup>1</sup>  
(If outside city or town limits, write "RURAL") <sup>2</sup>  
(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 ANNA BUTLER

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

4. Sex F 3. Color or race Negro  
5. (a) Single, widowed, married, divorced... W  
6. (b) Name of husband or wife... Alfred Butler  
6. (c) Age of husband or wife if alive... 18.71 years  
7. Birth date of deceased... Nov 18 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months Days If less than one day  
hr. min.

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

10. Usual occupation... Homemaker

11. Industry or business... Home

12. Name... DK

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

14. Maiden name... Alice May

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

16. (a) Informant... State Health Record

(b) Address... Hutton Mo

17. (a) Paris Mo (b) Date thereof... 11-29-47  
(Month) (Day) (Year)

(c) Place: burial or cremation... Paris Mo

18. (a) Signature of funeral director... Spent + Blakey

(b) Address... Paris Mo

19. (a) 11-29-47 (b) Jesse M. Moseley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1947 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 27  
11 to Nov 29 1947  
that I last saw her alive on Nov 28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic Myocarditis

Due to...

Due to...

Other conditions... Genital atresia Schmorl  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations... gnd  
Of autopsy...

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?

While at work? (Specify type of place) (e) Means of injury... 0

Signature... R. R. Price

Address... Hutton Mo Date... 11/29/47

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

Date Filed 12-10-47

District File Number

District Health Officer No. 9,

RECEIVED

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.