

Registration District No. \_\_\_\_\_ Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 608 North 7<sup>th</sup>  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone <sup>10</sup>

(c) City or town Columbia Mo <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 608 N 7 St. <sup>4</sup>  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Butler

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-07-0031

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2<sup>nd</sup>  
year 1948 hour 4 minute 11 A. M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Annie Thornton Butler

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

7. Birth date of deceased aug 15 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16 1948 to June 2 1948  
that I last saw alive on evening April 28 1948  
and that death occurred on the date and hour stated above.

8. AGE: 67 Years 9 Months 17 Days If less than one day  
hr. min.

Immediate cause of death Cause of death - sigmoid c. met. cancer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Missouri Utilities

Major findings: Generalized carcinoma of sigmoid c. met. cancer

Of autopsy from sigmoid c. met. cancer

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Winfield Butler

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

14. Maiden name Ella McClisk

15. Birthplace Howard Co Mo  
(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? \_\_\_\_\_

16. (a) Informant Alfred Butler

(b) Address 608 N 7<sup>th</sup> St

17. (a) Burial (b) Date thereof June 4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Rowlett

(b) Address Columbia Mo

19. (a) 6-3-48 (b) Mrs. R.E. Palmex  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature E. S. K. [unclear] (M. D. or other) O.M.D.

Address Columbia Mo Date signed 6/2/48

RECEIVED  
District Health Officer No. 9,  
JUN 10 1948

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 *R. W. [Signature]*  
Licensed Embalmer No. 3183  
P. O. Address Columbia 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.