

FILED NOV 6 1948

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **9228**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 97**

(c) City or town **Slater 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **210 Walnut St. 1**
(If rural, give location)

(e) Citizen of foreign country? **NR** (Yes or No) **1**

If yes, name country _____

3. (a) PRINT FULL NAME **Joseph Elijah Butler**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **24**
year **1948** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **OCT. 18**
1948 to **OCT. 24**, 19**48**;
that I last saw him alive on **5:00 10/24/48 P.M.**, 19**48**;
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 **Married**

6. (b) Name of husband or wife **Della Butler**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **October 3 1876**
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage one week

8. AGE:	Years	Months	Days	If less than one day
	72	0	21	hr. _____ min.

Due to **arteriosclerosis + Hypertension** Years

9. Birthplace: **Withville Virginia**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Engineer**

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

11. Industry or business _____

12. Name **Elijah James Butler**

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

14. Maiden name **Martha Dowdy**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings:
* Of operations _____

Of autopsy **NONE**

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

16. (a) Informant **Mrs. Della Butler**

(b) Address **Slater, Mo.**

17. (a) **Burial** (b) Date thereof **10-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater, Mo.**

22. If death was due to external causes, fill in the following: **NOT**

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur **A** or about home, on farm, in industrial place, in public place?
Home (Specify type of place) _____
Means of injury _____

18. (a) Signature of funeral director **Jones-Salzer Funera**

(b) Address **Slater, Missouri.**

19. (a) **OCT 25 1948** (b) **J. B. Lassiter**
(Date received local registration) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **MD**

Address **Mr. P. M. Hep** Date signed **10-25-48**

APR 1 1946

NOV 12 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.....

Richard J. Drummond

Registered Apprentice No. 103

working under my personal supervision.

Signed.....

James E. Jones

Licensed Embalmer No. 3142

P. O. Address..... State, 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.