

Registration District No. 163

Primary Registration District No. 5596

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Delato Rural Valle
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 86 years
In this community: 86 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jefferson 50
(c) City or town: Delato Rural Valle
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 mi. South of Delato or Hwy 21
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ALICE FLORENCE BUTLER
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

4. Sex: Female 1 race: W. 5. Color or race: W.
6. (a) Single, widowed, married, divorced, widowed: 2 divorced widowed
6. (b) Name of husband or wife: Joel Butler
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: March 26 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 17
If less than one day hr. min.

9. Birthplace: Delato Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

MOTHER FATHER
11. Industry or business:
12. Name: Lindy Mc Mullin
13. Birthplace: Delato Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name: Esther Butler
15. Birthplace: Delato Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Joe Butler
(b) Address: Delato Mo.

17. (a) Burial (burial, cremation, or removal): Burial
(b) Date thereof: Jan 15 1943
(Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery Delato Mo.

18. (a) Signature of funeral director: [Signature]
(b) Address: Delato Mo.

19. (a) 1-28-43 (Date received local registrar)
(b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Jan. day: 13
year: 1943 hour: 6 minute: 9:30 AM.

21. I hereby certify that I attended the deceased from Feb. 1942 to Jan 13 1943
that I last saw her alive on Jan 11th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction Right Hypochondrium & Pericardium, vomiting
Due to: Carcinoma, tumor of
Duration: 6 wks - 2 yrs

Due to: Senility
Other conditions: Chronic Interstitial Nephritis & Emphysema
(Include pregnancy within 3 months of death) 7 yrs

Major findings:
Of operations: [Signature]
Of autopsy: [Signature]

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)
(e) Means of injury: [Signature]
23. Signature: G. A. Elders (M. D. or other) [Signature]
Address: De Lato Date signed: 1/15/43

Duration
6 wks - 2 yrs
7 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

5000

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

Samuel B. [Signature]

Licensed Embalmer No.

4/04

P. O. Address

Wesley 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.