S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17696

State File No.

Registration District No. 156 Primary Registration District No. 4090 Registrar's No. 80

19
1
0

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville Twn
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community 25 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19 1 0
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LUCINDA 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 2 Widowed

6. (b) Name of husband or wife Jas. Butler 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 19 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Johnson Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Clement Goodin
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Jane Rogers
15. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Ross Perry
(b) Address Urich Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) May 16, 1942 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

1647

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour minute 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.

Immediate cause of death Death by drowning in well (suicide)

Due to

Due to

Other conditions 164 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Suicide
(b) Date of occurrence May 13, 1942
(c) Where did injury occur? Harrisonville (City or town) Cass (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? (e) Means of injury Suicide

23. Signature [illegible] M.S. (M. D. or other)
Address Harrisonville, Mo Date signed 5/16/42

(Licensed Embalmer's Statement on Reverse Side) (Coroner)

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 Ernest Rammenbinger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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, above space should be left blank.