

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20750

State File No. _____

Registrar's No. 31

LED JUL 1943

Registration District No. 150

Primary Registration District No. 5068

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural - Doylesport Township
(d) Street No. Sheldon, RFD #1
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED EUGENE BUTLER

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Settie Butler 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 24 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 9 hr. min.

9. Birthplace Beaman, Pettis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railway Fireman

11. Industry or business Missouri Pacific Lines

MOTHER FATHER { 12. Name Thomas Butler
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Thatcher
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lyla McMechan

(b) Address Sheldon, Missouri RFD #1

17. (a) Burial (b) Date thereof June 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 6-7-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 11 1943 to June 3 1943
that I last saw him alive on June 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Respiratory
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____

23. Signature P. E. Ducet (M. D. or other) MD
Address _____ Date signed 6-5-43

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

RECEIVED

Dist. Health Officer No. 6,

File Number 643-129

Date filed JUN 28 1943

JUL 2 1943

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 Carl J. Kowantz
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.