

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JUN 10 1946

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 20

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
311 E. Douglas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 12 yrs.

3. (a) PRINT FULL NAME

Andrew. Butler

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased Jan 11, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Fort Scott, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Painter

12. Name Andrew. Butler

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

14. Maiden name Margaret

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

16. (a) Informant Grover Hill

(b) Address 71 Scott, Kans.

17. (a) Burial (b) Date thereof 4-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood

18. (a) Signature of funeral director Ed Heinger

(b) Address Nevada, Mo

19. (a) 5-14-46 (b) Walter Jancey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 311 E. Douglas
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 46 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 12 1946 to Apr 27 1946
that I last saw him alive on Apr 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration Sudden

Due to Hypertension Don't know

Due to _____
Other conditions Myocarditis Don't know
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations none
Of autopsy none
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) (e) Means of injury to

23. Signature W. Love (M. D. or other) MD
Address Nevada, Mo Date signed 4/30/46

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

RECEIVED

Div. of Health Officer No. 7,

District No. Number 5-46-573

Date Filed 6-6-46

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.