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10.39
7.30
K21492

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Rural - Line Oak Tap
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles south of town
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Lornar P. Medley 340

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 30 1895
(Month) (Day) (Year)

8. AGE:

Years 44 Months 5 Days 4

If less than one day _____ hr. _____ min.

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

10. Usual occupation farm

11. Industry or business _____

12. Name Richard Medley !

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

14. Maiden name Elson Dams !

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

16. (a) Informant Clara M. Medley

(b) Address Butler Mo R5

17. (a) Buried (b) Date thereof May 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver

(b) Address Butler Mo

19. (a) May 6 1940 (b) Mina L Culver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 th
year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from June 4, 1934, to April 4, 1940

that I last saw him alive on April 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Arteriosclerotic fibrosclerosis

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underlines 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? _____

53 While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Carter W. Hubert (M. D. or other) _____

Address Butler Mo Date signed 5/6/40

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

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address.....

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.