

No. 2  
4-12-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3170  
Registrar's No. 3

FEB 17 1941

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2 Verona Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Bertha Mae Buttler

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 Married

(b) Name of husband or wife Steve Buttler 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 3 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Scranton Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Andrew Mills  
13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emily Mae Carter  
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 1/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. H. King  
(b) Address Aurora Mo.

19. (a) 2-3-41 (b) R. D. Carlson M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
year 1941 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov 15 - 1940  
to Jan 8 - 1941  
that I last saw him alive on Jan 8  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma  
Duration 18 hrs

Due to hypertension ?  
ch. nephritic ?

Due to Ch. Myocarditis ?

Other conditions VI

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) no  
(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 \_\_\_\_\_

23. Signature R. D. Carlson (M. D. or other) MD  
Address Aurora, Mo. Date signed 1/8/41

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

MOTHER FATHER

55  
0  
D

RECEIVED

District Health Officer No. 6,

District File Number 141-195

Date Filed FEB 4 1941

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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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Curra 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.