

FD MAR 11 1941

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(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 46 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6  
(c) City or town Lamar 1  
(If outside city or town limit, write "RURAL")  
(d) Street No. 202 N. Maple 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jane E. Butler

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Theodore W. Butler 6. (c) Age of husband or wife if alive 92 years  
7. Birth date of deceased June 7 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 6 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dayton Penna.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Edward Elliott  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Foreman  
15. Birthplace Penna.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mrs. Travis  
(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof Feb 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director Konantz Funeral Home  
(b) Address Lamar, Missouri

19. (a) Feb-4-1941 (b) Mrs Josephine Nymatt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3  
year 1941 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from Jan. 13, 1940 to Feb. 29, 1941.  
that I last saw her alive on Jan. 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation with deceleration heart  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions old age 150  
(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) \_\_\_\_\_  
(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? 40

23. Signature Lern T. Bichel, M.D. (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address Lamar, Mo. Date signed Feb 3, 1941

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

RECEIVED

District Health Officer No: 01

District File Number 341-1-384

Date Filed MAR 6 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 *Rebecca J. Hubbard*

Licensed Embalmer No. 3550

P. O. Address Lamar, 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.