DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34232

Registration District No. 40 | Primary Registration District No. 4024 | Registrar's No. 42

1-4-41
5-17-39
I X26390

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

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: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton

(c) City or town: Lamar (If outside city or town limits, write "RURAL")

(d) Street No. / (If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: THEODORE WILSON BUTLER

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Jane E. Butler

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

7. Birth date of deceased: May (Month) 8th (Day) 1849 (Year)

8. AGE: Years 92 | Months 5 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Armstrong County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired farmer

11. Industry or business ____

FATHER

12. Name: John E. Butler

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

MOTHER

14. Maiden name: Unknown

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

16. (a) Informant: Wm Travis

(b) Address: Lamar, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Iantha Cemetery, Iantha, Mo.

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

(b) Address: Lamar, Missouri.

19. (a) Oct-24-1941 (Date received local registrar) (b) Mrs Josephine Mynatt (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22nd year 1941 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by Drowning

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: 3

23. Signature: Raymond Rivers (M.D. or other) Barton Co. Mo.

Address: Lamar Mo Date signed: 10/24/41

RECEIVED
District Health Officer No. 6,
District File Number 1141-1678
Date Filed NOV 7 1941

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. [illegible]

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34 232

Registration District No. 40 Primary Registration District No. 4024 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Barton
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theodore W. Butler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 8, 1849 (Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by hanging self in well at home on above date	
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) Suicide
(b) Date of occurrence 10/12/41
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Raymond Roger Sommer (Name of attendant) D.O.
Address Lamar Mo. Date signed 10/12/41

SUPPLEMENTARY

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