

FILLED OCT 28 1941

Registration District No. 831

Primary Registration District No. 6092

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence, Mo.
(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 30 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Clarence, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 12 - 1941 to Sept 14 1941.
that I last saw him alive on Sept 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
Due to Arterio Sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131a
Of autopsy _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William Butler

3. (b) If veteran, name war 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) ~~Single~~, widowed, ~~married~~, divorced 2
6. (b) Name of husband or wife Mary E. Butler 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec 1, 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Harland Butler

12. Name Harland Butler

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

14. Maiden name Evadne Ray

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

16. (a) Informant Lillian Garlow

(b) Address Clarence Mo

17. (a) burial (b) Date thereof Sept 18 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence

18. (a) Signature of funeral director W. H. Hays

(b) Address Clarence Mo

19. (a) Sept 15 41 (b) W. H. Hays
(Date received local registrar) (Registrar's signature)

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

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RECEIVED

District Health Officer No. 10

District File Number 10-44-1948

Date Filed OCT 24 1948

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 E. E. Hopper

not embalmed

Licensed Embalmer No.....

P. O. Address Clarence, 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.