

Registration District No. 15

Primary Registration District No. 5067

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Barton

(b) City or town rural, Central Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home 6mi. n.w. of Lamar  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. 6mi. N.W. of Lamar  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Fred Button

3. (b) If veteran, name war None

3. (c) Social Security No. Lost

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th  
year 1945 hour 6 minute 10 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Blanch Button

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Jan. 22 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 10 1944, to April 6 1945  
that I last saw him alive on March 31 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

61 2 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
On itral regurgitation Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name Mel E. Button

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

14. Maiden name Sarah Pirtle

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Wife, Blanche Button

(b) Address Iantha, Mo

17. (a) Burial (b) Date thereof 4 / 8 / 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery  
Gibson Funeral Home

18. (a) Signature of funeral director Lamar, Missouri

(b) Address \_\_\_\_\_

19. (a) 4/7/45 (b) Martha River  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury 5

23. Signature W. C. Coleman (M. D. or other) \_\_\_\_\_

Address Lamar Mo Date signed 4/7

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

055

1179

RECEIVED

District Health Officer No. 6)

District File Number 645-508

Date Filed

APR 21 1945  
MAY 2 1945

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.....

Licensed Embalmer No. 4137

P. O. Address 1201 Edwy, 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, fact should be so stated above.