

FILED JUL 14 1945

Registration District No. _____

Primary Registration District No. **3004**

Registrar's No. **46**

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 _____)
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME IVEN EARL BUTLER

3. (b) If veteran, name war World War I
3. (c) Social Security No. 443-03-6960

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Wilson Butler
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 19 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 4 hr. min.

9. Birthplace West Union, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Bus Driver

11. Industry or business Tulsa City Lines Bus Co.

MOTHER FATHER

12. Name Barton Butler

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

14. Maiden name Carrie Beamer

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

16. (a) Informant Ross Wattenbarger

(b) Address Lamar, Missouri

17. (a) Removal (b) Date thereof June 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma

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

(b) Address Lamar, Missouri

19. (a) 6-25-45 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Tulsa
(c) City or town Tulsa
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 South Lewis
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1945 hour 6 minute 30 P. 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 Coronary Occlusion
Due to (was dead when I saw him)
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g40
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature R. C. E. Ducey (M. D. or other) _____
Address Lamar Mo. Date signed 6-24-45

RECEIVED

District Health Officer No. 61

District File Number 745-781

Date Filed 7-12-45

JUL 17 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

Carl F. Konwartz

Licensed Embalmer No. 2247

P. O. Address *Lamary, 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.