

FILED APR 30 1946

State File No. \_\_\_\_\_

Registration District No. 226

Primary Registration District No. 4336-5799

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Madison Rural  
(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 7 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69  
(c) City or town Madison Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lottie Lee Butner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Otto Butner 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased April 14th 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 11 28 hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business II II

12. Name James F Larrick

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

14. Maiden name Ella V Smith

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

16. (a) Informant Otto Butner  
(b) Address Madison Mo

17. (a) Burial (b) Date thereof 4/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery Million & Berkeley

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Shelbina Mo

19. (a) 4/23/46 (b) Olive Little  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th  
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 12 1946 to April 12 1946;  
that I last saw her alive on April 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7 hrs.  
Due to Hypertension years

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

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

Major findings: Of operations g3  
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? \_\_\_\_\_

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

23. Signature T. W. Turner, D.O. (M. D. or D.O.)  
Address Madison Mo Date signed 4-17-46

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

12822

RECEIVED

District Health Officer No. 10

District File Number 4-46-91

Date Filed APR 29 1946

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.....

.....  
working under my personal supervision.

.....  
Registered Apprentice No. ....

Signed.....

*Curry A. Baskelard*

Licensed Embalmer No. 3835

P. O. Address.....

*Delhousie 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.**