

FILED SEP 24 1946
Registration District No. **170**

Primary Registration District No. **2033**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **LACLEDE**
(b) City or town **LEBANON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **206 Harrison**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **ALWAYS**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **LACLEDE**
(c) City or town **LEBANON**
(If outside city or town limits, write "RURAL")
(d) Street No. **206 HARRISON**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BETTY ANN BUTLER**

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

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **JOHN BUTLER** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **MAR 3 1859**
(Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **5** If less than one day hr. min.

9. Birthplace **CAMDEN CO MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business _____

12. Name **TOM IACRAM**

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

14. Maiden name **SALLY BLAIR**

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

16. (a) Informant **Arnie Wankle**

(b) Address **LEBANON MO**

17. (a) **BURIAL** (b) Date thereof **8-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **LEBANON MO**

18. (a) Signature of funeral director **PALMER'S**

(b) Address **LEBANON**

19. (a) **Sept 21, 1946** (b) **Dr. Frankenberg**
(Day received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **AUG** day **8**
year **1946** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **July 19 44** to **August 5, 1946**
that I last saw her alive on **August 5, 1946**
and that death occurred on the date and hour stated above
Immediate cause of death **Chronic tubular heart disease** Duration _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **8**
year **1946** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **July 19 44** to **August 5, 1946**
that I last saw her alive on **August 5, 1946**
and that death occurred on the date and hour stated above
Immediate cause of death **Chronic tubular heart disease** Duration _____

Due to _____

Due to _____

Other conditions **Chronic glomerulonephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131B**

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury **1**

23. Signature **Arnie Wankle** (M. D. or other) **P.O.**

Address **Lebanon, Mo.** Date signed **9/15/46**

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

Received 9-25-46
Laclede County Health Unit
File No. .. 8-46-131
Date Filed 9-25-46

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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address 2208 Lebanon m

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.