

LUTER

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43379

Registration District No. 2

Primary Registration District No. 3005

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 20 minutes  
In this community All of life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7  
(c) City or town Butler 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 S. Main 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Kenneth Roger Cornell

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

4. Sex M 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 2, 1946  
(Month) (Day) (Year)

8. AGE: Years 00 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Butler, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

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

MOTHER FATHER { 12. Name Wilbur Cornell  
13. Birthplace PosteButler, Missouri 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Edith Thomas  
15. Birthplace Butler, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Cornell  
(b) Address 300 S. Main, Butler Mo.

17. (a) Burial (b) Date thereof Dec. 12, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John G. Underwood  
(b) Address Butler, Missouri

19. (a) Dec 14-46 (b) Benjamin Perry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 11, day \_\_\_\_\_, year 1946 hour 1: minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec 10, 1946 to Dec 11, 1946 that I last saw him alive on Dec 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death (Weak)  
Lobular pneumonia  
Due to (Bronchial)  
(Lobular)  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 104

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 0  
23. Signature Charles W. Luter (M. D. or other) md  
Address Butler, Mo Date signed 12/14/46

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

67-22-1  
63-22-9-21  
12-18-21

**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

*John G. Lindewald*  
.....  
Licensed Embalmer No. 3585  
P. O. Address Butler, Missouri

**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.**