

FILED SEP 29 1947
Registration District No. **236**

Primary Registration District No. **4494**

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

1. PLACE OF DEATH:
(a) County Shannon Winona
(b) City or town _____
(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 30Yrs.
years, months or days)

3. (a) PRINT FULL NAME Raymond S. Butner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Butner 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. 31 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stock Buyer

11. Industry or business _____

MOTHER FATHER
12. Name Samuel Butner Ken. /
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Terry
15. Birthplace Ken. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Butner
(b) Address Winona, Mo.

17. (a) Burial Burial (b) Date thereof 7-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Phil A. Leuckel
(b) Address Van Buren Mo.

19. (a) 2-11-47 (b) Mabel Rose
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon 10/
(c) City or town Winona
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1947 hour _____ minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-6-47
19____ to 7-6-47 19____
that I last saw him alive on July 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: G.B.
Of operations _____
Of autopsy _____
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 Mabel Rose (M. D. or other) _____
Address Quinn Date signed 7-6-47

RECEIVED

District Health Officer No 5,

District File No. 9 47528

Date Filed 9.25.47

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 7-6-47

....., Registered Apprentice No.....
working under my personal supervision.

Signed Phil A. Louchel
- - Licensed Embalmer No. 2936
P. O. Address Van Buren 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.