No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5917

FILED MAR 11 1942

Registration District No. ____ Primary Registration District No. 10[illegible] Registrar's No. 128

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1021 North 4th. Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 3 months, 11 days,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No. 1021 North 4th. Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Paul Dean Butterfield,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single,

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased October 24th. 1941.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	3	11	____ hr. ____ min.

9. Birthplace Saint Joseph, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Child,

11. Industry or business ____

FATHER
12. Name Lawrence W. Butterfield,
13. Birthplace Clinton, Oklahoma,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise McClain,
15. Birthplace Maryville, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence W. Butterfield
(b) Address 1021 North 4th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42,
(Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton - Bethel & Bowman Funeral Home
(b) Address 319 So. 10th. Street,

19. (a) 2/7/42 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th.
year 1942, hour 7:00 minute a. M.

21. I hereby certify that I viewed the deceased from on Feb 5th 1942 to ____ 19__;
that I last saw alive on ____ 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	1 day
Due to: Acute Cold and bronchitis	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy no	

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 H F Mundy (M.D. or other) (Coroner)

Address 404 So 3d Date signed 2/5/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 2-5-47

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

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 3198010 [illegible]

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.