

FILED JAN 14 1944  
Registration District No. 139

Primary Registration District No. 4774

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Forest City  
(c) Name of hospital or institution H  
(d) Length of stay: In hospital or institution X  
In this community 69 years, months or days

3. (a) PRINT FULL NAME SAMUEL NORMAN BUTRICK

3. (b) If veteran, name was X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Della Butrick 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Nov 15 - 1874

8. AGE: Years 69 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Naples MO

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Mrs. Butrick  
13. Birthplace unknown 9  
14. Maiden name Julia C. Hapel  
15. Birthplace X X X Germany

16. (a) Informant Samuel B. Butrick  
(b) Address Forest City MO  
17. (a) Forest City (b) Date thereof Jan 3 - 1944  
(c) Place: burial or cremation Forest City

18. (a) Signature of funeral director J. Fred Terhune  
(b) Address Savannah MO  
19. (a) 1-3-44 (b) Pauler's Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Holt  
(c) City or town Forest City MO  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31, 43  
year 7 hour 40 minute A.M.

21. I hereby certify that I attended the deceased from OCT 14, 1943, to Dec 31, 1943;

that I last saw him alive on DECEMBER 31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: CANCER OF STOMACH, AND METASTASIS TO ADJOINING STRUCTURES

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature H. E. Cobain (M. D. or other) P. O.  
Address Forest City, MO. Date signed Jan 1, 44

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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**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

*W. Fred Terhune*

Licensed Embalmer No. 1279

P. O. Address. Savannah, Ga.

**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, above space should be left blank.**