S. No. 2
M—8-43
7. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11457

Primary Registration District No. 5655

Registrar's No. 170

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt. Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)
In this community: 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 4
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Richard Emmett Butterbaugh

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Stella Sprotley Butterbaugh

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: August (Month) 2 (Day) 1904 (Year)

8. AGE: Years 40 | Months 4 | Days 3 | If less than one day: hr. _____ min.

9. Birthplace: Beaman (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farm

11. Industry or business: _____

MOTHER FATHER

12. Name: Willie Butterbaugh

13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Susie Ditton

15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: F. McMichael, Record Clk

(b) Address: Mo. State San. Mt. Vernon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 10 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Sedalia Mo.

18. (a) Signature of funeral director: Ewing F. Hamm

(b) Address: Sedalia Mo.

19. (a) Jan 3 - 1945 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1944 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-26-44, 19__, to Dec. 8, 1944 that I last saw him alive on Dec. 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	About 8 months
Due to: Terminal hemorrhage	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: A. G. Shirley (M. D. or other)

Address: State Sanatorium Date signed 12-8-44

133 X (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 145-47
Date Filed JAN 12 1945

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 Ewing Funeral Home

Licensed Embalmer No. 3847

P. O. Address Sidalia Md

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.