S. No. 2
M—9-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41927

FILED JAN 9 1946

Registration District No. 23 Primary Registration District No. 5825 Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Risco Como Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 721

(c) City or town Risco 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME JOHN SAMUEL BUTRUM.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife wife Emma Butrum

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August (Month) 3 (Day) 1867 (Year)

8. AGE: Years 78 Months 4 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace State of Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation farmer

11. Industry or business .....

FATHER
12. Name Thomas Jefferson Butrum
13. Birthplace unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name unknown 1
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Emma Butrum 1
(b) Address Risco Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 14 45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Malden Cemetery

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Parma Mo.

19. (a) 12-13-45 (Date received local registrar) (b) Dr Geo W Husted (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1945 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Mar 15 1945, to Dec 12, 1945 that I last saw him alive on Dec 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
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 Geo W Husted (M. D. ~~or other~~) 0

Address Parma Mo Date signed 12/13/45

1596

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-47
Date Filed 1/9/46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.