

No. 2
2-4-
7-39
X47070

FILED NOV 25 1947

Registration District No. **255**

Primary Registration District No. **4873**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Barnard**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **own home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **38 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Barnard**
(If outside city or town limits, write "RURAL")
(d) Street No. **own** (If rural, give location)
(e) Citizen of foreign country? **No; naturalized Oct. 30** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Christian Buttman**

3. (b) If veteran, name war
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **widower**
6. (b) Name of husband or wife **Luey Ellen Johnson**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **October 11, 1854**
(Month) (Day) (Year)

8. AGE: Years **93** Months **-** Days **29**
If less than one day hr. min.

9. Birthplace **Elushorn, nr. Hamburg, Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Harness maker, about 20 yrs.**

11. Industry or business **Leather**

MOTHER FATHER
12. Name **Friedrich Buttman &**
13. Birthplace **Germany**
14. Maiden name **Meta Plotz**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Leona Turner**

(b) Address **Barnard, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 12, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Goshaw, Mo.**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Marionville, Mo.**

19. (a) **11/13/47** (b) **Mrs. Eda Breshaw**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **10**
year **1947** hour **3** minute **45** a. m.

21. I hereby certify that I attended the deceased from **13 Aug 1941** to **10 November 1947**
that I last saw him alive on **10 November 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular, renal syndrome, & arteriosclerotic heart disease**
Due to **heart disease**
Duration **more than 10 years**

Other conditions **asthma, allergic, severe**
(Include pregnancy within 3 months of death)

Major findings: **not made**
Of operations **not had**
Of autopsy **not had**
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?

While at work (Specify type of place) (e) Means of injury

23. Signature **Chas. D. Hubbard** (M. D. number) **and**
Address **Barnard, Missouri** Date signed **11-11-47**

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

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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 John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville, 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.