No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20284

FILED JUL 15 1948

Registration District No. 265 — Primary Registration District No. 5896 — Registrar's No. 9

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

77

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Elijah, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark 77
(c) City or town Elijah, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sarah A manda Butrum
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Freeman Butrum
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 16th., 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	8	..... hr. ..... min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country) /
10. Usual occupation Homemaker
11. Industry or business .....
FATHER
12. Name ? Knight
13. Birthplace unk (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country) 9
16. (a) Informant Fred Butrum
(b) Address Elijah, Missouri
17. (a) B (Burial, cremation, or removal) (b) Date thereof 4-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hawkins Ridge
18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Missouri
19. (a) 6-18-48 (Date received local registrar) (b) Mae Johnson (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from 2-27, 1947, to 4-24, 1948;
that I last saw her alive on April 21, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of heart	
Due to Essential hypertension	
Due to Senile degeneration	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95 C	
Of autopsy	

PHYSICIAN — Underline the cause of 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 2
23. Signature D R Sams Do. (M. D. or other)
Address Bakersfield, Mo. Date signed 4-26-49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-154
Date Filed JUL 2 1948

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 Robert J. Krage Registered Apprentice No. 457, working under my personal supervision.

Signed Dorothy S Roberts

Licensed Embalmer No. 3632

P. O. Address West Plains

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.