

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

35514  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 100 Registered No. 1031  
 or St. Joseph  
 (c) City St. Joseph (d) Street No. Missouri Methodist St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Loris Rufam Buttriss

(a) Residence, No. Lanester, Kansas St.  Lawrence, Kans  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>11</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lanester, Kansas  
 (STATE OR COUNTRY)

FATHER

13. NAME Henry Buttriss

14. BIRTHPLACE (CITY OR TOWN) Hessendammstadt, Germany  
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Rosina Scherer

16. BIRTHPLACE (CITY OR TOWN) Wurtemberg, Germany  
 (STATE OR COUNTRY)

17. INFORMANT Henry Buttriss  
 (ADDRESS) Hudson, Kansas

18. BURIAL, CREMATION, OR REMOVAL Fun  
 PLACE Lanester DATE Oct 13 1939

19. FUNERAL DIRECTOR (NAME) Wm. Blanton  
 (ADDRESS) St. Joseph, Mo.

20. FILED Oct. 10 1939 St. Joseph, Mo.  
 Local Registrar V.N.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-28-1939 to 10-10-1939  
 I last saw him alive on 10-9-1939. Death is said to have occurred on the date stated above, at 7 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Septicemia  
Abscess in R. Arm.  
150

Date of onset 9-28-39  
9-30-39

Other contributory causes of importance:  
Possible infection from needle in colon treatment.

Name of operation Incision + drainage Date of 10-3-39  
 What test confirmed diagnosis? Operative + lab test Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide To Date of injury 19  
 Where did injury occur? Atchison Co., Kans.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Paul Jorgensen, M. D.  
 (Signed) St. Joseph, Mo.  
 (Address) 85

MARGINAL RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 K. B.---Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 V. S. NOV. 2 1939  
 30M-9-19-38  
 I X10605

---

---

**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 Wm Stanton Jr

Licensed Embalmer No. 3778

P. O. Address Atchison, Kan

**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.**