

No. 2
-13-40
-17-39
X215

FILED MAR 19 1941 668
Registration District No. _____

Primary Registration District No. 5891

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Rural Route 6
(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 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City of town Route 6 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural- four miles southwest of Sedalia.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Emma Eplee Butcher

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife G. B. Butcher
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased * February 25, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ephran Davis

13. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Samantha Parsley

15. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Carpenter

(b) Address Route 6, Sedalia, Missouri

17. (a) Burial (b) Date thereof Feb. 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller's Chapel, Pettis County, Missouri

18. (a) Signature of funeral director Alfred E. Moore
(b) Address Sedalia, Missouri

19. (a) 2-26-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

0
0
0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1941 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1940 to Feb 26, 1941;
that I last saw him alive on Jan - 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Lungs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? No

(e) Means of injury _____ (Specify type of place) _____

23. Signature Alfred E. Moore (M. D. or other) _____
Address 1110 1/2 S. 11th St. Sedalia, Mo. Date signed 2-28-41

Duration

3

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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: *Duane Ewing*
Licensed Embalmer No. *3847*
P. O. Address *Sedalia 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.