

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

Registration District No. 668 Primary Registration District No. 3032

**1. PLACE OF DEATH:**  
 (a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
715 West 7th, St. /  
(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 Pettis 80  
 (c) City or town Sedalia L  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 715 West 7th, St /  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John Lynn Butterworth  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 14  
 year 1941 hour 1100 minute A M.

4. Sex Male ( ) 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ida L. Butterworth  
 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Dec-6-1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15, 1941 to June 14, 1941;  
 that I last saw him alive on June 14, 1941  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>8</u>	hr. _____ min.

Immediate cause of death Myocarditis 1 year  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 93 H

9. Birthplace Cook Co. / Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

Other conditions Hemiplegia 3 mos  
(Include pregnancy within 3 months of death)

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name James Butterworth  
 13. Birthplace England  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Tweed  
 15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. C. D. Demand  
 (b) Address Sedalia, Mo.  
 17. (a) Burial (b) Date thereof June 16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mem. Park  
 18. (a) Signature of funeral director Gillespie Funeral Home  
Sedalia, Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) 6/16/41 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

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?  
Auto (Specify type of place) \_\_\_\_\_  
While at work (e) Means of injury  
 23. Signature A. L. Walter (M. D. or other) MD.  
 Address Sedalia Mo Date signed June 16, 41

EMERALD  
Local Health Officer No. 8  
Member Number  
7-7-4

**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 Geo. D. Dillard  
Licensed Embalmer No. 3868  
P. O. Address Subalia

**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.**