

Registration District No. 378

Primary Registration District No. 2000

Registrar's No. 604

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
824 S. Jefferson, Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 10 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 824 S. Jefferson St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LILLIAN B. BUTTERWORTH

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 Married
6. (b) Name of husband or wife Husband James R. Butterworth 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 22 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>62</u>	<u>1</u>	<u>20</u>	hr. min.

9. Birthplace Lawrence Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name George Ford

13. Birthplace Don't Know England
(City, town, or county) (State or foreign country)

14. Maiden name Mariam Chandler

15. Birthplace Don't Know Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Butterworth (Husband)

(b) Address 824 S. Jefferson St. Springfield

17. (a) Burial (b) Date thereof 8-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Golden Gate M.O.

18. (a) Signature of funeral director Arthur G. ...

(b) Address Springfield, Mo.

19. (a) 8-15-42 (b) D. W. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 20 1941 to August 12 1942
that I last saw her alive on August 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 1 month
Due to Pulmonary Infarct 1 month
Due to Coronary Thrombosis 6 years.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
General arteriosclerosis, myocardial degeneration and dilatation; fibrosis of the mitral muscle from occlusion of left coronary artery.
Of autopsy General arteriosclerosis, myocardial degeneration and dilatation; fibrosis of the mitral muscle from occlusion of left coronary artery.

22. If death was due to external causes, fill in the following: artery.
(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) Means of injury

23. Signature Arthur G. Webb (M. D. or other)
Address Springfield, Mo. Date signed 8/15/42

984 (Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Wayne F. Lusk*
Licensed Embalmer No. *3449*
P. O. Address *Springfield 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.

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