

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30485
Registrar's No. 968

FILED OCT 9 1944
Registration District No. 1000

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 106 W. Elk St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME Walter F. Butterfield
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Hulda (c) Age of husband or wife if alive 62 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 67 Months -- Days --
If less than one day hr. min.

9. Birthplace Red Oak, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

MOTHER FATHER { 12. Name Henry Butterfield
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elza Butterfield

(b) Address 106 W. Elk St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 9-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 So 10th St, St. Joseph, Mo

19. (a) 9/29/44 (b) Helen J. Stahl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1944 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 6 1944 to Sept 27 1944
that I last saw him alive on Sept 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chagant arteriosclerosis
Duration 6 mo
Due to Chagant arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 9/4a

Major findings: Of operations 9/4a
Of autopsy

PHYSICIAN
Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J.P. [unclear] (M. D. or other)
Address 734 [unclear] Date signed 9/29/44

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

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.