

V. S. No. 2
FORM 5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32744**
Registrar's No. **1128**

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution:
At home, 904 1/2 No. 2nd St.
(d) Length of stay: **None**
In this community **Entire life.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **904 1/2 N. 2nd Street**
(e) Citizen of foreign country? **NO.**

3. (a) PRINT FULL NAME **WALTER EMERY BUTTERFIELD**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **INFANT**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 27th. 1946**

8. AGE: Years **##** Months **1** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **St. Joseph, Missouri**
10. Usual occupation **INFANT**

11. Industry or business **Walter B. Butterfield JR.**
12. Name **St. Joseph, Missouri.**
13. Birthplace _____
14. Maiden name **Sarah Ellen Glidewell**
15. Birthplace **St. Joseph, Missouri.**

16. (a) Informant **Walter B. Butterfield Jr.**
(b) Address **904 1/2 North 2nd Street**
17. (a) **Earth** (b) Date thereof **10/9/46**
(c) Place: burial or cremation **Ashland Cemetery**
18. (a) Signature of funeral director **Mr. E. R. Sidenfaden**
(b) Address **602 South 10th Street**
19. (a) **Oct. 9, 1946** (b) **A. Hestebush**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **2nd** year **1946** hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Oct 2**, 19**46** to **Oct 2**, 19**46** that I last saw him alive on **Aug 30**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Hemorrhage**
Due to **Cause unknown**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **J. R. Elliott** (M. D. or other) **MD**
Address **801 1/2 Bruce St. Joseph, Mo.** Date signed **10/9/46**

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.