

REC'D SEP 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29444
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

49
11
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1. PLACE OF DEATH

(a) County Gasper Registration District No. 417
 (b) Township JOPLAN Primary Registration District No. 3021 Registered No. 62
 (c) City Webb City (d) Street No. 1103 W. DAUGHERTY St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Refus C. Butts

(a) Residence, No. 1103 W. Daugherty St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Idea Mae Butts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1867

7. AGE YEARS 72 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Vandalia (STATE OR COUNTRY) Missouri

FATHER

13. NAME C. C. Butts

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Elizabeth Pitzer

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Idea Mae Butts (Wife) (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem. DATE 8/4/39

19. FUNERAL DIRECTOR (NAME) Hedger Nelson (ADDRESS) Webb City, Mo.

20. FILED AUG 3. 39 19. J. L. Pitzer (Address) Webb City, Mo.
 (Licensed Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26 1939 to Aug 7 1939
 I last saw him alive on July 7 1939. Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral hemorrhage
92 C

Other contributory causes of importance:
Chronic Fibro Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. M. Stornament M. D.
Webb City, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 939-1756

Date Filed SEP 5 1933

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.....

E. W. Hedge....., Registered Apprentice No.....
working under my personal supervision.

Signed E. W. Hedge.....

Licensed Embalmer No. 2859.....

P. O. Address Wash City.....

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, above space should be left blank.