No. 2
4-13-40
-17-39
X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7855

State File No.

Registration District No. 689

Primary Registration District No. 5917

Registrar's No.

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

1. PLACE OF DEATH: (a) County Pike
(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At his home
(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 Mo (b) County Pike
(c) City or town Rural Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 3 Box 19 F 12
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Lemuel Butts

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife May Ella Mackey Butts

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 3 (Month) 8 (Day) 1852 (Year)

8. AGE: Years 88 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Wilson Butts
13. Birthplace (?) (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Eliza Jane Kingston
15. Birthplace (?) (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joe Butts (Son)
(b) Address RFD Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Clarksville Mo

18. (a) Signature of funeral director [illegible]
(b) Address Louisiana Mo

19. (a) 2/6/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1941 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3/9/37, 19__, to 2/5/41, 19__; that I last saw him alive on 2/5/41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	
chronic myocarditis	
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

23. Signature [illegible] (M. D. or other)
Address Louisiana, Mo. Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-473
Date Filed MAR 8 1941

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 George O. Wagner, Registered Apprentice No. ..... working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.