

FILED DEC 27 1945

Primary Registration District No. 1000

Registrar's No. 1231

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 43 Years

3. (a) PRINT FULL NAME Lester Ray Butts

3. (b) If veteran, name war None

3. (c) Social Security No. 500-14-5765

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Beulah Butts

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased: February (Month) 24 (Day) 1920 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>8</u>	<u>19</u>	hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Unknown

12. Name Henry A. Butts

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Rose Anna Fletchall

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robt. Harris

(b) Address Jamesport, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 15, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman P. Sidenfaden

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) Nov. 22, 1945 (Date received local registrar)

[Signature] (Registrar's signature)

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. 513 No. 12th. St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 13, year 1945, hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1945, to Nov. 13, 1945, that I last saw him alive on Nov. 13-45, and that death occurred on the date and hour stated above.

Immediate cause of death:

Valvular Heart Disease with edema Duration 5 yrs.

Due to Chronic Nephritis 3 yrs.

Due to Coronary Lesions ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

13/45

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 H. S. Sausal (M. D. or other) _____

Address St. Joseph Mo. Date signed 11-14-45

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 _____

Elmer Thomas, Registered Apprentice No. _____,
working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.