. No. 2
—1/47
5-17-39

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27185

Registration District No. 88 | Primary Registration District No. 5326 | Registrar's No. 13

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town RURAL (MERAMEC)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 28
(a) State MISSOURI (b) County CRAWFORD
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MILES SO. OF STEELVILLE MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY CLAY BUTT
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 MARRIED
6. (b) Name of husband or wife ZELMA
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased OCTOBER (Month) 1 (Day) 1870 (Year)

8. AGE: Years 76 | Months 9 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace KEYSVILLE, MO. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business

FATHER
12. Name MARCUS BUTT
13. Birthplace — KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MATILDA KEY
15. Birthplace KEYSVILLE, MO. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. HENRY C. BUTT
(b) Address STEELVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation KEYSVILLE, MO
18. (a) Signature of funeral director [signature]
(b) Address STEELVILLE, MO.
19. (a) 8-14-47 (Date received local registrar) (b) [signature] (Registrar's signature) 71

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1947 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from July 1, 1946, to July 25, 1947; that I last saw him alive on July 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular disease of heart	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93D

PHYSICIAN
Underline the cause of 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 R. G. Parker (M. D. or other)
Address Steelville Mo Date signed 7-26-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 20 1948
District Head[illegible]r No. 5,
District File Number 847457
Date Filed 8-30-47

JUL 22 1948

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 C. Jesse Gaks Registered Apprentice No. 433 working under my personal supervision.

Signed Thomas L. Gilbert

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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.