S. No. 2
M—1/47
v. 5-17-39

84

ENCLOSED

DEC 30 1947

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

Callaway

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

Registration District No. 287

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42644

Primary Registration District No. 5982

Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Fair Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R. F. D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84
(a) State Mo. (b) County Polk.
(c) City or town Fair Grove 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 1. 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Samuel Butts
3. (b) If veteran, name war None
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 Martha Butts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 17, 1879
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	29	hr. min.

9. Birthplace Greene County Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Richard Butts,
13. Birthplace Ky. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Josephine Potter
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Martha Butts,
(b) Address Fair Grove Mo. R. # 1
17. (a) Burial (b) Date thereof 12-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Grove Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 12-20-47 (b) R. M. Burns 264
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16,
year 1947 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 1946
1, 19, to Dec 16, 1947
that I last saw him alive on July, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration 2 yr.
Due to (Died suddenly - presumably from coronary thrombosis)
Due to Signed at the direction of the coroner of Polk Co
Other conditions Mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Guy D Callaway (M. D. or other) MD
Address Springfield Mo Date signed 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Ogle Sloane Jr.

Licensed Embalmer No.....4176

P. O. Address.....Springfield

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.