No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7864

Primary Registration District No. 1000

Registrar's No. 377

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: 1120 Felix
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 48 years (Specify whether years, months or days)
In this community:

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.: 1120 Felix
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Charles W. Butts

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Sarah Butts

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

7. Birth date of deceased: October (Month) 23 (Day) 1873 (Year)

8. AGE: Years 74 Months 5 Days 4 If less than one day: hr. min.

9. Birthplace: Cherry Run (City, town, or county) West Virginia (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Carpenter

FATHER
12. Name: James W. Butts
13. Birthplace: Cherry Run (City, town, or county) West Virginia (State or foreign country)

MOTHER
14. Maiden name: Anna E. Rankin
15. Birthplace: Cherry Run (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant: Mrs. Karl Schotz
(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lancaster, Kansas

18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.

19. (a) 3-31-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature) 38.7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1948 hour 6 minute AM

21. I hereby certify that I attended the deceased from October 7, 1946 to March 27, 1948 that I last saw him alive on March 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Occlusion	5 hrs.
Due to	
Due to	
Other conditions: Diabetes Mellitis (Include pregnancy within 3 months of death)	1 yrs.

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

23. Signature: C. H. Werner (M. D.)
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed: 3-29-48

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 William Spalding, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th, 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.