. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9018

FILED MAR 31 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 44

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 427 Wooster St., 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 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 427 Wooster St., 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Benjamin B. BUTTS
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Johnson Butts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 29, (Day) 1875 (Year)

8. AGE: Years 72 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation Scale Inspector
11. Industry or business
FATHER
12. Name J. W. Butts
13. Birthplace Fillmore, (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Sarah Burrus
15. Birthplace Unknown (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant Mrs. Gertrude Holton
(b) Address Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation McAlester, Okla.
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 2-24-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th.
year 1948 hour 8:05 minute P. M.
21. I hereby certify that I attended the deceased from 9-23-47, 19..., to 9-20-, 1948
that I last saw him alive on 20th Feb. 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	20 Min
Due to Arteriosclerosis and Hypertension	Unknown
Due to	
Other conditions L. H. Hemiplegia (Include pregnancy within 3 months of death)	2 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 0
23. Signature [signature] (M. D. or other) MD
Address Carthage Mo Date signed 2-21-48

Jefferson City Printing Co. 139 (Licensed Embalmer's Statement on Reverse Side)

48-2-184

MAR 31 1948

APR 3 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.