S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11974

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 20

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dade. 29
(c) City or town Lockwood, MO. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roy Butts
3. (b) If veteran, name war —
3. (c) Social Security No. /
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Ada Francis Butts
6. (c) Age of husband or wife if alive / years
7. Birth date of deceased April (Month) 22 (Day) 1886 (Year)
8. AGE: Years 61 Months 9 Days 29 If less than one day hr. min.
9. Birthplace Danville, Ill. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Butts
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name ASusie Butts
15. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Ada Francis Butts
(b) Address Lockwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Mo.
18. (a) Signature of funeral director W. R. Allison
(b) Address Greenfield, Mo.
19. (a) 2-23-48 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1948 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from 2-15- 1948 to 2-20- 1948 that I last saw him alive on 2-20 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma complicated with Bronchitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12
Of autopsy

Duration

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 0
23. Signature V. D. Combs (M. D. ~~or other~~)
Address Lockwood Mo. Date signed 2-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-419
Date Filed MAR 1-6-1948

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Miss

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.