

Registration District No. 614

Primary Registration District No. 4555

Registrar's No. 22

1. PLACE OF DEATH:  
(a) County NEWTON  
(b) City or town GRANBY  
(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) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days 3 1/2

3. (a) PRINT FULL NAME BENJAMINE NELSON BUTT  
8. (b) If veteran, name war NONE 8. (c) Social Security No. 525-14-4721

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife GRACE BUTT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased NOVEMBER 23 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace GRANBY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name GERGE DANIEL BUTT  
13. Birthplace UNKNOWN MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH NUNN  
15. Birthplace SENECA MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Suzanne Little  
(b) Address CARLSTAD NEW MEXICO

17. (a) BURIAL (b) Date thereof Aug 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Granby Mo.

18. (a) Signature of funeral director Ogley Thompson  
(b) Address Neosho Mo. 64541

19. (a) Aug 25-40 (b) L.R. Rolena  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton  
(c) City or town Granby (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day August  
year 1940 hour 10:46 minute 12 M.

21. I hereby certify that I attended the deceased from Aug 12, 1940 to Aug 24, 1940;  
that I last saw him alive on Aug 24, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions hues Several years  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Mears of injury 2  
23. Signature M.A. Cheater (M. D. or other) DC  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4

District File Number 940.2604

Date Filed SEP 16 1940

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**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 Gail K. Gay

Licensed Embalmer No. 4155

P. O. Address Neosho, 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, above space should be left blank.**