

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
In this community 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 820 N. Moffet  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willard L. Butts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased March 18 - 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 24 hr. min.

9. Birthplace Carrollton Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Miners Dept. Insp.

11. Industry or business \_\_\_\_\_

12. Name John W. Butts

13. Birthplace Carrollton Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Wilson

15. Birthplace Carrollton Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Satterlee

(b) Address 420 W. B. St. Joplin, Mo.

17. (a) Burial (b) Date thereof 9/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Sherrill - DeLeon Mortuary  
(b) Address 205 W. 4th Joplin, Mo.

19. (a) 9-13-43 (b) Willard L. Butts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 5  
1942 to Sept 9 1943  
that I last saw him alive on Sept 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 93d  
(Exclude pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Dr. M. O. Founts (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Address Triggs Bldg Date signed 9/13/43

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

5-23-9

110

148

00/23

1207

Joplin, Mo. 9/13/43

43-9-771

SEP 30 1945

NOV 9 1945

SEP 20 1945

OCT 8 1945

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 *Neil A. Thembie*

Licensed Embalmer No. *3590*

P. O. Address *Caplin, 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.