S. No. 2
M—5-42
. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

State File No. 4327

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. ~~169~~ 11

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 36 Hrs. (Specify whether
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Springs 1
(If outside city or town limits, write "RURAL")

(d) Street No. 810 S Jackson 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME LONNIE BUTTS

3. (b) If veteran, name war —

3. (c) Social Security No. 491105738

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Glendine Butts

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Dec (Month) 12 (Day) 1916 (Year)

8. AGE: Years 29 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Joplin (City, town, or county) Mo (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph P. Butts
13. Birthplace (City, town, or county) Ark (State or foreign country) 1

MOTHER
14. Maiden name Cora Hatch
15. Birthplace Bellville (City, town, or county) Ark (State or foreign country) 1

16. (a) Informant Mrs J.P. Butts
(b) Address West Hickory St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Mafus Funeral Home
(b) Address El Dorado Spgs

19. (a) 1-31-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1946 hour 6 minute 25 AM

21. I hereby certify that I attended the deceased from JAN 13 1946, 19 to JAN 15, 1946, that I last saw him alive on JAN 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: MASSIVE MESENTERIC thrombosis	48 hrs
Due to GANGRENE MESENTARY & SMALL bowel	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations SAME

Of autopsy NONE

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

23. Signature W M Allen, M.D. (M.D. or other)

Address Nevada, Mo. Date signed 1-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

3396

RE

Officer No. 7

1-46-93

2-8-46

Date Filed

FEB 14 1947

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.