

S. No. 2  
1-12-45  
7. 5-17-39  
X47070

FILED MAY 5 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **357**

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days) 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas  
(c) City or town Red Top Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Red Top Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME James William Butts

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Butts 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 20 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Dallas County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
11. Industry or business Farming

MOTHER FATHER  
12. Name Richard C. Butts  
13. Birthplace unk. Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Potter  
15. Birthplace unk. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Butts,  
(b) Address Red Top Mo.

17. (a) Burial (b) Date thereof 4 17 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Cem.

18. (a) Signature of funeral director J.W. Klingner & Co.  
(b) Address Springfield Mo.

19. (a) 4-19-47 (b) W.E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1947 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 6, 1947, to April 15, 1947 that I last saw him alive on April 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Valvular Heart Disease

Due to (Pneumonia fever) in childhood

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93P Of autopsy 93P

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 (c) Means of injury

23. Signature Guy D. Callaway M. D. or other MD  
Address Springfield, Mo. Date signed 4/15/47

Duration many years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Call away

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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..... *Ogle Stone Jr.* .....  
Licensed Embalmer No. *4176* .....  
P. O. Address *Springfield* .....

**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.**