

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24780
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 2993
(c) City KANSAS CITY (d) Street No. ST. JOSEPH'S HOSPITAL St.
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS. KATHERINE MONAHAN BUTLER
(a) Residence, No. 4524 MONTGALL St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. C. BUTLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 25-1887
7. AGE YEARS 52 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS
13. NAME JOHN MONAHAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND
15. MAIDEN NAME KATHERINE BURNES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MR. C. C. BUTLER
(ADDRESS) 4524-MONTGALL AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JULY 26 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMERS SONS
(ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED July 26 1939 M. M. Brome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 23 1939
22. I HEREBY CERTIFY, That I attended deceased from April 10 1939 to July 23 1939
I last saw her alive on July 23 1939 Death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance were as follows:

Ovarian Carcinoma
49
Date of onset
Other contributory causes of importance:
Generalized abdominal metastasis

Name of operation Cecostomy Date of 7-22-39
What test confirmed diagnosis? Cecostomy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [Signature] M. D.
(Address) 1408 Waldheim Bldg. Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

5014-1-12-38 I X14028

1408 Waldheim Bldg
1:30 - 5:30

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., 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.