DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9955

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1389

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3915 Spruce (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: FLORENCE BUTLER 346

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Thomas B. Butler

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

7. Birth date of deceased: Aug. (Month) 17 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	10	hr. ..... min.

9. Birthplace: ..... (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Newton Dudley
13. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Steele
15. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Mrs. Paul Chenoweth

(b) Address: 128 S. Hardy

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 3/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Harrisburg, Ark.

18. (a) Signature of funeral director: R. V. Lindsey & Sons

(b) Address: 3811 Broadway

19. (a) Mch 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1940 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-22-40, 19..., to 3-27-40, 19...; that I last saw her alive on 3-27-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Appendicitis acute with perforation and peritonitis	
Due to: 121	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: See cause of death
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: C. F. De Maria M.D. (M. D. or other)

Address: Supt.K.C.Gen.Hospital,K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.