

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

FILED JUL 15 1940

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

20689
Do not use this space.

1. PLACE OF DEATH 702-14-0462 /

(a) County Jackson Registration District No. 399

(b) Township Kaw 0 Primary Registration District No. 1002 Registered No. 2306

(c) City Kansas City (d) Street No. St Mary's Hospital

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Madison Butler

(a) Residence, No. 5927 Jackson Avenue St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Tena Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>5</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Special Officer

9. Industry or business in which work was done, as saw mill, bank, etc. Missouri Pacific

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Isac Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Unknown Mrs Nix

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Tena Butler
5927 Jackson Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE June 5, 1940

19. FUNERAL DIRECTOR D. W. Newcomer's Sons
(ADDRESS) 1401 Brush Creek Blvd.

20. FILED June 5, 1940 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1940

22. I HEREBY CERTIFY, That I attended deceased from May 8 1940 to June 3 1940

I last saw him alive on June 3 1940 Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

Aortic aneurysm with dissecting into trachea - extra-tracheal hemorrhage

Date of onset June 3-40

Other contributory causes of importance: 96

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) J. E. Coe M. D.
(Address) 1002 Archer Blvd
Kansas City, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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.)