

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27759

State File No. 3393

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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 Wesley Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Hickman Mills
(If outside city or town limits, write "RURAL")
 (d) Street No. 97th & Grandview Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Blanche Rixy Butterfield

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
 year 1940 hour 2 minute 30 A.M.

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

21. I hereby certify that I attended the deceased from Aug. 27, 1940, to Aug. 29, 1940

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

that I last saw him alive on Aug. 28, 1940, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mr. Oscar R. Butterfield 6. (c) Age of husband or wife if alive 47 years

Immediate cause of death Shock

7. Birth date of deceased February 25 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 4 If less than one day _____ hr. _____ min.

Due to Intestinal Volvulus of entire small intestine

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name C. J. Andermatt

Major findings: Complete small intestine volvulus with gangrenous bowel

18. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Mary Elizabeth Monroe

15. Birthplace Birmingham Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar R. Butterfield

(b) Address 97th & Grandview Road

17. (a) Burial (b) Date thereof 8-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomer Sr.

(b) Address 1401 Brush Creek Blvd

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

PHYSICIAN

Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature James W. Graham (M. D. or other) M.D.

Address 578 Argyle Bldg. Date signed 8-29-40

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

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. Collie

Licensed Embalmer No. 3839

P. O. Address H. 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.