. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 9 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34281

Primary Registration District No. 1002

Registrar's No. 3797

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: 2612 - E - 8 st (If not in hospital or institution, write street number or location)

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

In this community 12 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2612 - E - 8 st (If rural, give location)

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

3. (a) PRINT FULL NAME Clara Butler

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife P. E. Butler

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug (Month) 6 (Day) 1871 (Year)

8. AGE: Years 69 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Woods
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Rosanna Luman
15. Birthplace (City, town, or county) Pa (State or foreign country)

16. (a) Informant P. E. Butler

(b) Address 2612 - E - 8 st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct - 1 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 10-1-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 28, 1940, to Sep 28, 1940; that I last saw her alive on Sept 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Artero Scheralis Heart disease

Due to Old age Scherasis

Due to

Other conditions (Include pregnancy within 3 months of death) 95 B

Bronchial Pneumonia

Major findings:
Of operations

Of autopsy no

Duration

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 James T Fergus (M. D. or other)

Address 410 Bryant Bl Date signed 9/20/40

(Licensed Embalmer's Statement on Reverse Side)

West Side Bank Bg
Ch-13301

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. Me ..... , working under my personal supervision.

Signed C. H. Wire

Licensed Embalmer No. 2570

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.