No. 2
4-18-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1058

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 18

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: 230 West 66th Street Terrace (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether years, months or days) In this community 29 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48 3 8
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 230 West 66th Street Terrace (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME: Mr. Roy William Butters
3. (b) If veteran, name war: None
3. (c) Social Security No. 496-07-2500
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Grace E. Butters
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: August (Month) 27 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
54	4	5	hr. min.

9. Birthplace: Denver (City, town, or county) Colorado (State or foreign country)
10. Usual occupation: President
11. Industry or business: Butters Pump and Equipment Co.
FATHER 12. Name: Herman W. Butters
FATHER 13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary
MOTHER 15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Grace E. Butters
(b) Address: 230 West 66th Street Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 3, 1941 (Month) (Day) (Year)
(c) Place: burial/cremation: Mt. Moriah Temple
18. (a) Signature of funeral director: D. K. Purcell's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) Jan 3, 41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1941 hour 5 minute 30 P M.
21. I hereby certify that I attended the deceased from April, 1938, to Jan 1, 1941, that I last saw him alive on Jan 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension
Due to: 830
Other conditions: Partial paralysis left side
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

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: 0

23. Signature: George C. Lee (M. D. or other)
Address: 1630 Prof. Bldg. Date signed 1/1/41

(Licensed Embalmer's Statement on Reverse Side)

Ray W Butler

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.