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FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22913

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8409 Park Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 30 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. William Buttner

3. (b) If veteran, name war None  
3. (c) Social Security No. 496-16-5858

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Rose Buttner  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased May 31 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 7 1 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Jackson County Roads

12. Name Henry Buttner

13. Birthplace Hamburg Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Madge

15. Birthplace Hamburg Germany  
(City, town, or county) (State or foreign country)

16. Informant Rose Buttner  
(b) Address 8409 Park

17. (a) Burial (b) Date thereof Jan. 4, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Deweaver, Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-3-41 (b) R. V. Lindsey, Jr.  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8409 Park Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st  
year 1941 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct. 8 - 1940, to Jan 1 - 1941;  
that I last saw him alive on Dec. 31 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coro-Cardio-Vascular Disease

Due to \_\_\_\_\_

Due to 1310

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?  
3610 G (Specify type of place)  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Leo Jones (M. D. or other) \_\_\_\_\_  
Address 805 S. Paris Date signed 1/2/41

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

FATHER {  
MOTHER {

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2-5

Mr. Butte

**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. Hervey Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address R C Mo.

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

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