No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6031

LED MAR 14 1941

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 803

18
3
8

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

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: 437 East 65th 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 12 Years

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. 437 East 65th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Miss Anna Butler
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June (Month) 9 (Day) 1871 (Year)
8. AGE: Years 69 | Months 8 | Days 15 | If less than one day hr. min.
9. Birthplace (City, town, or county) New York (State or foreign country)
10. Usual occupation Owner
11. Industry or business Butler Brookside Gown Shop
MOTHER FATHER
12. Name Thomas Butler
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name Mary Morrow
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mae Butler
(b) Address 6 W Dartmouth Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1941 (Month) (Day) (Year)
(c) Place: burial, or cremation Calvary Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2/27/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th year 1941 hour 8 00 minute A. M.
21. I hereby certify that I attended the deceased from October, 1939 to Feb 24, 1941
that I last saw h. alive on Feb 21, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Chronic Interstitial Nephritis	8 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Frank [illegible] (M. D. or other)
Address 315 [illegible] Date signed 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

214 Plaza Medical Bldg
315 Alameda Road
11-4

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 H. O. Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address L.A. 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, fact should be so stated above.