

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE **FILED JUN 10 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

17391
State File No. **2053**
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(c) Name of hospital or institution:
2732 Indiana Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Y rs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City Missouri **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 2732 Indiana (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME Mrs Florence May BUTLER
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24th
year 1941 hour 3 minute 30A M.
21. I hereby certify that I attended the deceased from 9-28-38
_____, 19____, to 5/23, 1941
that I last saw her alive on 5/23, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clement M. Butler 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May 6th 1880
(Month) (Day) (Year)

Immediate cause of death
Sarcoma Parotid Gland
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
55

8. AGE: Years Months Days If less than one day
61 00 18 _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Jersey City / New York
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at Home

MOTHER FATHER
12. Name James M Wilgus
13. Birthplace Brooklyn / New York
(City, town, or county) (State or foreign country)
14. Maiden name Ida May Vorhees
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) informant Miss Frances Butler (Daughter)
(b) Address 2732 Indiana Street City
17. (a) Burial (b) Date thereof 5-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

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 Shed C. Matthews (M. D. or other) **5/24/41**
Address Angyle Road Date signed _____

18. (a) Signature of funeral director Melody McGilley
(b) Address Kansas City Missouri
19. (a) May 26, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 267
working under my personal supervision.

Signed: _____

Licensed Embalmer No. 2999

P. O. Address FC

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.