

Registration District No. **400**

Primary Registration District No. **5552B**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Praine St.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Newfarle road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community **Douthon** (Specify whether years, months or days) **5**

3. (a) PRINT FULL NAME **James C. Butler**

3. (b) If veteran, name war **WW** 3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W?**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **31** years
7. Birth date of deceased **Jan 31 1886**
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **21** If less than one day hr. min.

9. Birthplace **unknown Kansas!**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **unknown**

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Secord, Jackson Co. Home**
(b) Address **Little Blaine mo**

17. (a) **Anatomical** (b) Date thereof **7-23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anatomical**

18. (a) Signature of funeral director **A B Langford**

(b) Address **123 S. Main St. mo**

19. (a) **7-23-41** (b) **James C. Butler**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **unknown**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1941** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **5/12-41**, 19 **41**, to **7-22**, 19 **41**
that I last saw him alive on **7-21**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral regurgitation**

Due to _____

Due to _____

Other conditions **92B**
(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? _____

While at work _____ (Specify type of place) (a) Means of injury **Q**

23. Signature **J W Green** (M. D. or other) _____

Address **Independence** Date signed **7-22-41**

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

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SEP 29 1941

152
No. 33
PA-11-5-5
1938

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.....

Licensed Embalmer No. *383*

P. O. Address *125 Summit*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registration District No. 400

Primary Registration District No. 555313

Registrar's No. 1257

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Prairie
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Jackson Co. Home for aged
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 days
(Specify whether in this community years, months or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Little Blue, Mo.
(If outside city or town limits write "RURAL")
 (d) Street No. Kansas City, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

James C. Butler

(b) If veteran, name was no.

(c) Social Security No. no.

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased Jan.

(Month)

31

(Day)

1886

(Year)

8. AGE:

Years

Months

Days

If less than one day

55

5

21

hr. _____ min.

9. Birthplace

Unknown
(City, town, or county)

Kansas
(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Unknown

MOTHER FATHER { 12. Name

13. Birthplace

Unknown
(City, town, or county)

Kansas
(State or foreign country)

14. Maiden name

15. Birthplace

Unknown
(City, town, or county)

Kansas
(State or foreign country)

16. (a) Informant

Records Jackson Co. Home

(b) Address

Little Blue, Missouri

17. (a) Burial

Burial
(Burial, cremation, or removal)

(b) Date thereof

9-27-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park, R.C. Yes

18. (a) Signature of funeral director

M. B. Rayford

(b) Address

Lee's Dump, Mo.

19. (a)

9/27/41
(Date received by registrar)

(b)

Sara S. Barnes
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 22nd
 year 1941 hour 14 minute 30 a. M.

21. I hereby certify that I attended the deceased from 5-12-41, 1941 to 7-22- 1941
 that I last saw him alive on 7-21- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____

Due to _____

Other conditions _____
(Includes 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 W. Greene (M. D. or other) M.D.

Address Independence, Mo. Date signed 7/22/41

SEP 29 1949