

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38457

State File No. ....

Registration District No. 998

Primary Registration District No. 5554

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Jackson Plus in Turp  
(b) City or town Sugar Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 11222 East Chicago St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Sugar Creek  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11222 East Chicago St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME EVA M. BUTKOYICH

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month Dec day 7 year 1941 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Aug 23 1941, to Dec 7 1941  
that I last saw her alive on Dec 7 1941  
and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married married  
6. (b) Name of husband or wife George Butkovich 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased March 3 - 1890  
(Month) (Day) (Year)

Immediate cause of death, Carcinoma of Stomach  
Duration

8. AGE: Years 51 Months 9 Days 4 If less than one day min.

Due to.....  
Due to.....

9. Birthplace Croatia Yugo Slavia  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) H6 f

11. Industry or business.....

12. Name Nicholas Butkovich

13. Birthplace Croatia Yugo Slavia  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Kobletsk

15. Birthplace Croatia Yugo Slavia  
(City, town, or county) (State or foreign country)

16. (a) Informant George Butkovich

(b) Address 11222 Chicago St.

17. (a) Burial (b) Date the cof. Dec 9 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallace's Cem

18. (a) Signature of funeral director George Carman

(b) Address Independence Mo.

19. (a) Dec 9 1941 (b) A. L. Cook md  
(Date received local registrar) (Registrar's signature)

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..... (1)

23. Signature Shulmer (M. D. or other) MD  
Address 10307 Indep Ave. Date signed 12-9-41

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

360

(Licensed Embalmer's Statement on Reverse Side)

X.C. No.

FEB 10 1942

MAR 15 1950

**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

*Dean Owens*

Registered Apprentice No. *283*

working under my personal supervision.

Signed

*Dean Owens*

Licensed Embalmer No.

*2467*

P. O. Address

*Independence, 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.)

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