

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1114

State File No. 382

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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 K.C. Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7/2/41 to 1/21/42
(Specify whether)

In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Jackson County Home
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Fried R. Butler

3. (b) If veteran, name war No

3. (c) Social Security No. Not known

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1942 hour 4 minute a M.

21. I hereby certify that I attended the deceased from 7-2-41
19____, to 1-21-42, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if Feb 22 alive 1869 years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

that I last saw him alive on 1-20-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 72 Months 10 Days 29 If less than one day _____
hr. min.

Due to Arteriosclerosis

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

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

10. Usual occupation Unknown

11. Industry or business Unknown

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name _____

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant K.C. Convalescent Home

(b) Address 3200 Norledge

17. (a) Removal (b) Date thereof 1/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boyle Memorial Hosp.

18. (a) Signature of funeral director Leate & Speaks

(b) Address Indep. Mo.

19. (a) 1/28/42 (b) M. D. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 5

23. Signature J. Laurey (M. D. or other) _____

Address 3200 Norledge Date signed 2-1-42

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 Mc

..... Registered Apprentice No.
working under my personal supervision.

Signed R. R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep, 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.