V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I. X29482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 99511

Registration District No. 399 | Primary Registration District No. 102 | Registrar's No. 1197

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: Kansas City General Hosp. #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 5½ 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. 2509 College Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: CHARLES A. BUTLER

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Bell Butler

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Aug. (Month) 12 (Day) 1879 (Year)

8. AGE: Years 62 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Painter & Paperhanger

11. Industry or business:

FATHER
12. Name: John Q. Butler
13. Birthplace: Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Marian Cooper
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. Maime Harper
(b) Address: Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 26 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Harper, Missouri

18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: 2332 Moniter Place; K. C. Mo.

19. (a) 3/25/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 3-24-42
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 9-17-P, 19..., to ..., 19..., that I last saw him alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Interstitial and subdural cerebral hemorrhage — Duration

Due to: traumatic injury to head

Due to: traumatism

Other conditions contributing to death but not related to disease causing death:

Major findings:
Of operations: 170 8 8
Of autopsy: yes 24

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): Accident 123
(b) Date of occurrence: 3-22-42
(c) Where did injury occur? K. C. (City or town) Ja (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? (specify type of place)
While at work? (b) Kind of business or industry:
Drunk of gas that caused a stroke

23. Signature: Robert H. Butler (M. D. or other)
Address: K. C. Mo. Date signed

661 (Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

APR 16 1942

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Place

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.