

Registration District No. 399

Primary Registration District No. 10.02

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town KC Mo
(c) Name of hospital or institution General Hosp
(d) Length of stay: In hospital or institution Receiving Ward
In this community 44 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5932 Holmes
(e) Citizen of foreign country? Amer (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27
year 42 hour 12:15 M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death: Aunt Army Schubert

Due to
Due to

Other conditions
(Include 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?
(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 Date signed

3. (a) PRINT FULL NAME BUTLER-JAMES K

3. (b) If veteran, name war. NO (c) Social Security No. NO

4. Sex Male (5) Color of race Wh (6) (a) Single, widowed, married, divorced, or married

6. (b) Name of husband or wife. Hattie C. Butler (c) Age of husband or wife if alive, years 74

7. Birth date of deceased March 6-1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Athen Co. Ohio (City, town or county) (State or foreign country)

10. Usual occupation Policeman

11. Industry or business Retired

12. Name William Butler

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

14. Maiden name Catherine Kern (City, town or county) (State or foreign country)

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

16. (a) Informant Hattie C. Butler (wife)

(b) Address 5932 Holmes Kansas

17. (a) Burial (b) Date thereof 6-30-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director SUDARTH (b) Address 15 E. 9th

19. (a) 6-29-42 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

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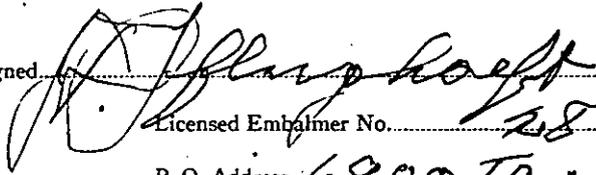
(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. 2806
P. O. Address 6900 Troost
R C M

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.