

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20197

State File No. ....

Registrar's No. **2633**

Registration District No. **329**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: 3320 Park  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 56 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson **48**

(c) City or town: Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No.: 3320 Park  
(If rural, give location)

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

3. (a) PRINT FULL NAME: NANCY BUTLER

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 9  
year: 1942 hour: 4 minute: 15 P. M.

4. Sex: Fe. | 5. Color or race: White

6. (a) Single, widowed, married, divorced, or widow: Divorced, Widow

6. (b) Name of husband or wife: Joseph

6. (c) Age of husband or wife if alive: 18.9 years

7. Birth date of deceased: July 5, 1849  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27, 1942 to July 9, 1942  
that I last saw her alive on July 8, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years: 93 Months: 0 Days: 4 If less than one day: hr. min.

Immediate cause of death: Chronic myocarditis

Due to: Scurvy 93 D

9. Birthplace: Stillwater, Ohio  
(City, town, or county) (State or foreign country)

Due to: .....

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

10. Usual occupation: Retired Homemaker

Major findings: Of operations

11. Industry or business: .....

12. Name: Jas. Hutchinson

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

14. Maiden name: Mary Jamison

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

Of autopsy: .....

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

16. (a) Informant: Mrs. A. L. Carlson

(b) Address: 3320 Park

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): .....

(b) Date of occurrence: .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 11, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah

(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? .....

18. (a) Signature of funeral director: C. H. BLACKMAN & SON, INC.

(b) Address: Kansas City, Mo.

While at work? (Specify type of place) (c) Means of injury: .....

19. (a) 7-10-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

23. Signature: John P. Lewis (M. D. or other) M.D.  
Address: 3548 Audrain Date signed: 7-10-42

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

Signed *B. H. P. Lockwood*  
Licensed Embalmer No. *2244*

P. O. Address.....

**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.**