

ED JUN 30 1943 149

State File No. \_\_\_\_\_  
Registrar's No. 2664

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Week  
(Specify whether years, months or days) 38 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 2647 Myrtle  
(If rural, give location)

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

3. (a) PRINT FULL NAME: Emma Louise BUELER

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: John L. Butler 6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: January 7th, 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	6 2	5	3	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

MOTHER, FATHER { 12. Name: Frank Suever

13. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant: Edward J. Butler, Son.

(b) Address: 2647 Myrtle, K.C. Mo.

17. (a) Burial (b) Date thereof: 6/14/43.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Burial, St. Marys Cem.

18. (a) Signature of funeral director: Melody-McGilley  
(b) Address: K. C. Mo

19. (a) 6-14-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 10 th  
year: 1943. hour: 11:40 minute: A.M. M.

21. I hereby certify that I attended the deceased from June 1, 1943, to 6-10-43, 19\_\_\_\_  
that I last saw her alive on June 10, 1943, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis  
Cerebral Hemorrhage Duration \_\_\_\_\_

Due to: ~~#30~~ 730

Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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: \_\_\_\_\_

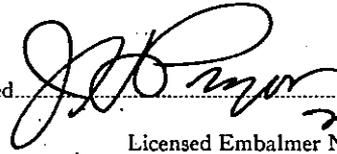
23. Signature: Waldheim Bldg. K.C. MO. (M. D. ~~444~~)  
Address: \_\_\_\_\_ Date signed: 6/12/43

~~For Dr. P. J. Delmaric to sign~~

**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. 2999

P. O. Address K C

**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.