

20024

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23738

FILED AUG 6 1943
7/19

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

3055

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:
Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital of institution 5 Days
(Specify whether in this community in years, months or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 122 West Linwood Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. George J. Butz

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Minnie Butz 6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: March 20 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	20	hr. min.

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

10. Usual occupation Furniture Dealer

11. Industry or business retired

MOTHER FATHER

12. Name Joseph Butz

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Waldo D. Strosnider

(b) Address 2912 West 68th Street Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. E. Newsome, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-12-43 (Data received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1943 hour 10-20 minute P M.

21. I hereby certify that I attended the deceased from July 6 1943 to July 10 1943
that I last saw him alive on July 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Chl. Interstitial Nephritis

Due to: Arteriosclerosis Chl. Interstitial Nephritis

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

Major findings: 131a

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) (Means of injury)

23. Signature J. G. Sheldon (M. D.)
Address 922 West 11th Date signed 7-10-43

Duration 10 days
16 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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..... *A. C. Newcomer Jr.*

Licensed Embalmer No. *4043*

P. O. Address *R. C. Me.*

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.