V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26753

Registrar's No. 3542

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: General Hospital O (#18231-C)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Wee k (Specify whether
In this community 25 Years
years, months or days)

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. 3732 Garfield Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LaVelle A. BUTNER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 496-03-7639.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Edna G. Butner

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May (Month) 30th (Day) 1901 (Year)

8. AGE: Years 43 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Valley Falls, (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Retired - Pharmacist

11. Industry or business Retail Drug Store

FATHER
12. Name Albert Butner
13. Birthplace Uhknown (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Laura Ayres
15. Birthplace (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Mrs Edna Butner, Wife,
(b) Address 3732 Garfield Ave, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/44. (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

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

19. (a) 8-31-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th year 1944 hour 9:45 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug 23, 1944, to Aug 30, 1944; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema. 82:1

Due to Progressive Muscular Atrophy.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury?

23. Signature A. E. Ussher (M. D. or other) MD

Address 23 McCoy Date signed 8/30/1944.

(Licensed Embalmer's Statement on Reverse Side)

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. 2959

P. O. Address..... KC

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.