V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33050

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 4175

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: R.C. TB. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 yr. 6 m 3 d. (Specify whether years, months or days)
In this community: 1 yr. 6 m 3 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 1401 Hardy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Sarah Butler
3. (b) If veteran, name war: — no
3. (c) Social Security No.: None
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 11 (Month) 2 (Day) 1874 (Year)

8. AGE: Years 69 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace: Bradley Co. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Biggs
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ella Gorman
15. Birthplace: Moscow Ark. (City, town, or county) (State or foreign country)
16. (a) Informant: Records R.C. TB. Hosp.
(b) Address: Lees Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 18 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Wyoming Cem.
18. (a) Signature of funeral director: George A. Carson
(b) Address: Independence Mo.
19. (a) 10-17-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-16-44 day year hour 7.15 minute Ar M.
21. I hereby certify that I attended the deceased from 4-13-43, 19..., to 10-16, 1944, that I last saw her alive on 10-16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2 yr.
Due to:	
Due to: 13 & 1	
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? (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: Matthew J. Moore M. D. or other
Address: Lees Mo. Date signed 10/17/44

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(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1944

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 George E. Carson

Licensed Embalmer No. 2249

P. O. Address Independence, Kan.

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.