

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
 (c) Name of hospital or institution: **Tuberculosis Hospital Leeds**  
 (d) Length of stay: In hospital or institution **5 weeks**  
 In this community **34 years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (d) Street No. **1308 Washington**  
 (e) Citizen of foreign country? **No**

**3. (a) PRINT NAME GEORGE CLEVELAND BUTLER**

**3. (b) If veteran, name war** **No**  
**3. (c) Social Security No.** **496-05-5506**  
**4. Sex** **Ma** **5. Color or race** **Wh**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Leona Butler**  
**6. (c) Age of husband or wife if alive** **53**  
**7. Birth date of deceased** **December 21 1883**

**8. AGE:**  
 Years **61** Months **9** Days **19**  
 If less than one day hr. min.

**9. Birthplace** **Oregon County Missouri**

**10. Usual occupation** **Heat & Frost Insulator**

**11. Industry or business** **General Louisville, Ky**

**12. Name** **James T. Butler**  
**13. Birthplace** **Illinois**  
**14. Maiden name** **Semina Jones**  
**15. Birthplace** **Illinois**

**16. (a) Informant** **Mrs. Leona Butler**

**(b) Address** **1308 Washington Removal**

**17. (a) (b) Date thereof** **10-11-45**

**(c) Place: burial or cremation** **West Plains, Mo.**

**18. (a) Signature of funeral director** **J. M. Wagner**  
**(b) Address** **Kansas City, Mo.**

**19. (a) 10-11-45 (b) M. H. Holmes**

**20. DATE OF DEATH:** Month **Oct** day **10** year **1945** hour **5** minute **50 P.**  
**21. I hereby certify that I attended the deceased from** **8-22**, 19**45** to **10-10**, 19**45**  
 that I last saw him alive on **10-10** and that death occurred on the date and hour stated above.

**Immediate cause of death** **Pulmonary Tuberculosis**  
**Duration** **2 yrs**

**Due to**

**Due to** **Diabetes mellitus** **5 yrs**

**Other conditions** **Diabetes mellitus**  
**Major findings:** **136**  
**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?**

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

**23. Signature** **A. L. Callahan** **(M. D. or other)** **J. R.**  
**Address** **Kansas City, Mo.** **Date signed** **10/10/45**

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

48  
3  
8

OCT 10 1955

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 Alvin R. Harnisch

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

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.