

FILED MAY 8 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 406

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
317 No. 19th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 317 No. 19th. St. /
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Amos H. Butts

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive * years

7. Birth date of deceased August Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 78 * * hr. min.

9. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business None

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Robert Harris
(b) Address Jamesport, Missouri.

17. (a) Burial (b) Date thereof Apr. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Herwald A. Dufresne
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 11, 1946 (b) H. H. Beale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1946 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 9
1946 to April 9 1946
that I last saw him alive on April 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis / 1 Day
arteriosclerosis / 10 8 1/2
senile Dementia / 6 1/2

Due to _____

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations ✓

Of autopsy ✓ 1946

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?
While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Charles E. Kerner (M. D. or other) 4-8-1946
221 Kirkpatrick Bldg. Date signed

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

1133

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 Shirley Thomas
Licensed Embalmer No. 2640
P. O. Address St. Joseph 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.