

No. 2
-5-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF PUBLIC HEALTH STANDARD CERTIFICATE OF DEATH

27047
3757

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

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:
Union Station - on train
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 minutes
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Shawnee
(c) City or town Topeka
(If outside city or town limits, write "RURAL")
(d) Street No. 1543 Quincy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank M. Butler
3. (b) If veteran, name war World War 1
3. (c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 31
year 1946 hour 11:30 minute P M.
21. I hereby certify that I attended the deceased from born, 19____, to____, 19____;
that I last saw h_____ alive on____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Butler
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Nov. - 1 - 1894
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Occlusion
Due to arterio-sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) 94a
Major findings:
Of operations _____
Of autopsy no
History & Inspection

8. AGE: Years Months Days If less than one day
51 9 30 hr. _____ min.

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

10. Usual occupation Carman

11. Industry or business Santa Fe Railroad

12. Name William Butler

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

14. Maiden name Superla Elliot

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

16. (a) Informant Mrs. Pearl Butler

(b) Address 1543 Quincy St., Topeka, Kansas

17. (a) Removal (b) Date thereof 9/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 9-2-46 (b) Thalaine Holmes
(Date received local registrar) (Registrar's signature)

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. Signature James Walker (M. D. or other) _____
Address 1429 W. 14th Date signed 9-1-46

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

MOTHER FATHER

SEP 30 1945

OCT 3 1945

OCT 10 1945

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 *E. Sterling Bills*

Licensed Embalmer No...3178.....

P. O. Address 1212 Vine St., 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.