

Primary Registration District No. 1002

18  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Research Hospital  
(d) Length of stay: In hospital or institution 5 days  
In this community as above

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 54  
(c) City or town Lexington  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Maria Butler  
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 19  
year 1947 hour 2:45 minute A. M.

4. Sex female 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 dec. years  
7. Birth date of deceased: April 13, 1870

21. I hereby certify that I attended the deceased from 15 March to 19 March, 1947  
that I last saw h...er... alive on 15 March, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Uremic coma  
Duration 7 days

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

Due to Chronic nephritis

10. Usual occupation at home

Due to dehydration

11. Industry or business x

Other conditions (Include pregnancy within 3 months of death)

12. Name John A. Prevatt

Major findings: Of operations 10/8

13. Birthplace Kentucky

Of autopsy \_\_\_\_\_

14. Maiden name Maria M. Bush

PHYSICIAN  
Underline the cause to which death should be charged statistically.

15. Birthplace Kentucky

22. If death was due to external causes, fill in the following:

16. (a) Informant F. F. Tempel

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Address Lexington, Missouri

(b) Date of occurrence \_\_\_\_\_

17. (a) removal (b) Date thereof 3-19-47

(c) Where did injury occur? \_\_\_\_\_

(c) Place: burial or cremation Lexington, Missouri

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

18. (a) Signature of funeral director Stine & McClure

23. Signature M. W. Green (M. D. or other) MD  
Address 1103 Grand Nationality Date signed 3-19-47

Dr. W. W. Greene

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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 *J. Clair Sheppard*  
Licensed Embalmer No. *4179*  
P. O. Address *N. C. 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.