

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20853**
Registrar's No. **2494**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: **about 30 days**
In this community **3 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3436 Wayne**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Ralph Edward Butler**
(b) If veteran, name war **XX no**
(c) Social Security No. **unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **7**
year **1947** hour **12:10** Minute **A.M.**

4. Sex **Male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **XXXX**
6. (c) Age of husband or wife if alive **XXX** years
7. Birth date of deceased: **Oct 31 1909**

21. I hereby certify that I attended the deceased from **March 18**, 19**47**, to **June 7**, 19**47**
that I last saw him alive on **June 6**, 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years **37** Months **7** Days **16**
If less than one day hr. **XX** min.

Immediate cause of death: **Lymphatic Leukemia 3-4 mos.**
Due to: **Lymphatic Leukemia**
Due to:

9. Birthplace: **Randolph Co. Missouri**
10. Usual occupation: **Labor**
11. Industry or business: **XXXX**

Other conditions: **Lymphatic Leukemia 3-4 mos.**
Major findings: **74**
Of operations: **74**
Of autopsy: **74**

MOTHER FATHER {
12. Name: **James Butler**
13. Birthplace: **Renick Missouri**
14. Maiden name: **Mollie Bryson**
15. Birthplace: **xxx Missouri**

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? _____

16. (a) Informant: **Jessie Ray**
(b) Address: **3436 Wayne Kansas City Mo**
17. (a) **Removal** (b) Date thereof: **June 8 1947**
(c) Place: burial or cremation: **Moberly Mo.**
18. (a) Signature of funeral director: **Norton Smith's F.H.**
(b) Address: **833 Armour Rd. North Kansas City**
19. (a) **6-7-47** (b) **Geraldine Holmes**

23. Signature: **[Signature]** (M. D. or other) **md**
Address: **no. Han City Mo** Date signed: **6/2/47**

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

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.....

Charles L. Fleming..... Registered Apprentice No. *447*
working under my personal supervision.

Signed *Theron O. Smith*.....

Licensed Embalmer No. *3928*.....

P. O. Address *North Kansas City*.....

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.