S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-568

State File No. 21302

Registrar's No. 202

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fairmount Sta. (Blue) K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9425 Independence, Avenue / Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Fairmount Sta, Kansas City (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 9425 Independence Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDIA ELLEN BUTLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 10 (Month) 1859 (Day) (Year)

8. AGE: Years 88 Months 4 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Henry K. Patterson 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sara Ann Admson
15. Birthplace Unk nown (City, town, or county) (State or foreign country) 9

16. (a) Informant Andrew J. Butler
(b) Address 9425 Independence Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem. K.C. Mo

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Indep. Mo

19. (a) 6-26-47 (Date received local registrar) (b) James S. Craig (Registrar's signature) 35/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 rd.
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 10 yrs
2, 19..., to June 23, 1947;
that I last saw her alive on June 21, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Anoxemia	Several weeks
Due to Coronary sclerosis	—
Due to General Arteriosclerosis	—
Other conditions Advanced hypertrophic Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Chas E Nickson Jr MD (M. D. or other)
Address Independence Mo signed 6-23-47

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1941

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 Harlan Meyer, Registered Apprentice No. 506, working under my personal supervision.

Signed John Pasley

Licensed Embalmer No. 4308

P. O. Address Independence, 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.