

U.S. No. 300
FORM-10-47
Rev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

124744

State File No. _____

FILED MAY 15 1948

1968

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

18
3
8

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

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: Wheatley D
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 4-19 to 4-30-48
(Specify whether years, months or days) 32 years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town R.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 581 Tracy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3: (a) PRINT FULL NAME Alice BUTLER

3. (b) If veteran, name war —

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from April 19, 19 48 to April 30, 19 48.

that I last saw her alive on April 30, 19 48 and that death occurred on the date and hour stated above.

4. Sex Fe 3. Color or race Col.

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

6. (b) Name of husband or wife Noland

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Mar. 11 1889
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Hypertensive-type Heart Disease

Due to Diabetes Mellitis

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

8. AGE: Years 59 Months 1 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Macon Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Rev. J. Blow

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

14. Maiden name Wells

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

16. (a) Informant Mrs. J. Butler

(b) Address 581 Tracy

17. (a) Burial (b) Date thereof May 8-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dinglesby Cem.

18. (a) Signature of funeral director W. K. C. M.

(b) Address 2000 E. 12th K. C. Mo.

19. (a) 5-8-48 (b) J. Thelma 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) (Specify type of place) Means of injury 0

23. Signature J. Thelma Holmes (M.D. or other) _____

Address 1830 Vine Date signed 5-5-48

MOTHER FATHER

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

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 C. Kenneth R. Rufford
Licensed Embalmer No. 44370

P. O. Address.....

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.