

FILED DEC 29 1948

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 217

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Belton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 33 yrs

3. (a) PRINT FULL NAME ADDIE DE FLORIS BUTNER

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 Married

6. (b) Name of husband or wife Albert Butner

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. 12, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Parkville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

12. Name James Riley

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

14. Maiden name Margaret Higgins

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

16. (a) Informant Lillis Jones

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof 12-17-'48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director E. K. George & Sons

(b) Address Belton, Mo by R. E. George

19. (a) Dec. 18-1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Belton
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1948 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from Died Suddenly, 1948, to Dec. 15, 1948; that I last saw h. _____ alive on _____, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration _____

Due to ARTERIO SCLEROTIC HEART DISEASE

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 730

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? _____

While at work? _____ (Specify type of place)

(b) Means of injury _____

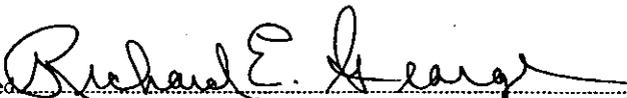
23. Signature [Signature] (M. D. or other) MD

Address Harrisonville, Mo. Date signed 12/18/48

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 

Licensed Embalmer No. 3958

P. O. Address. BELTON, 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.