

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26847  
State File No. 3385

|   |                               |  |                                   |  |   |  |  |
|---|-------------------------------|--|-----------------------------------|--|---|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>149</u>  |                                   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |                               |  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>   |                               | c. LENGTH OF STAY (in this place) <u>1</u>   |                                   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2 1949</u>                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ICTB HOSPITAL</u>  |                               |  |                                   | d. STREET ADDRESS (If rural, give location) <u>2422 HARRISON</u>   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>VIVIAN</u>   |                               |  | b. (Middle) <u>BUTLER</u>         |  |   | c. (Last) _____  |  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  | 8. DATE OF BIRTH <u>10-8-1912</u> | 9. AGE (In years last birthday) <u>36</u>  | 10. UNDER 1 YEAR Months <u>9</u> Days <u>25</u> | 11. UNDER 24 Hrs. Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____  |                                   | 11. BIRTHPLACE (State or foreign country) <u>MCALLISTER, Oklahoma</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |
| 13a. FATHER'S NAME <u>BUTLER, FRED</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>TANN, IDA</u>   |                                   | 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |                               | 16. SOCIAL SECURITY NO. <u>not</u>   |                                   | 17. INFORMANT'S SIGNATURE OR NAME <u>ICTB HOSPITAL - Leeds, Missouri</u> ADDRESS _____   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death. |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pulmonary Tuberculosis - 7. adv.</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |                                   |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>                                    |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |                                   |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |                                   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____  |   | 21f. HOW DID INJURY OCCUR? _____   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 22. I hereby certify that I attended the deceased from <u>5-26</u> , 19 <u>49</u> , to <u>8-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-2</u> , 19 <u>49</u> , and that death occurred at <u>12:35</u> m., from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>G. K. Landis, M.D.</u>  |                               | 23b. ADDRESS <u>M.C.P.B. Hosp.</u>   |                                   | 23c. DATE SIGNED _____   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>Aug. 6, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>  |                                   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>  |   |  |  |
| DATE REC'D BY LOCAL REG. <u>8-6-49</u>  |                               | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>   |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fannie L. Meek</u> ADDRESS <u>Kansas City, Mo.</u>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Maynard C. William

Licensed Embalmer No. 4653

P. O. Address H.C.

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.