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DX23159

**LED JAN 8 1944**  
Registration District No. **699**

Primary Registration District No. **1002**

Registrar's No. **4975**

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:  
3402 Prospect ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  2  
(Specify whether)

In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3402 Prospect  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Butts Butts

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex M 5. Color or race Wh

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive  \_\_\_\_\_ years

7. Birth date of deceased August 16 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-27, 1940 to 12-29, 1940  
that I last saw him alive on 12-27, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 4 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Rensselaer Co. N. Y.  
(City, town, or county) (State or foreign country)

Other conditions Arterio-Sclerosis  
(Include pregnancy within 3 months of death)

10. Usual occupation Civil Engineer

11. Industry or business Retired

MOTHER FATHER {

12. Name anson Butts b

13. Birthplace \_\_\_\_\_ Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stadler

15. Birthplace \_\_\_\_\_ Bohemia  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

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

16. (a) Informant Mrs. Ann Gordon

(b) Address 3402 Prospect

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bentley Mortuary

(b) Address K. C. Mo.

19. (a) 12-30-40 (b) M. M. Browe  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature M. D. Dineen (M. D. or other) M. D.  
Address 1034 Gallo Date signed 12-30-40

11 - 21 6581  
12 - 31 0161

**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

*Guy Buffington*

Licensed Embalmer No. 2756

P. O. Address K. O. 7000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.