

No. 2
-1-4-41
5-17-39
I X26390

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20642**
Registrar's No. **2172**

Registration District No. 399

Primary Registration District No. 1002

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5-13-41-6-2-41
(Specify whether in this community years, months or days)
4 years

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. 2452 Woodland Ave.
(If rural, give location)
 (e) Citizen of (foreign country)? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Laura Lee Butler
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 2
 year 41 hour 11 minute 15 P. M.
 21. I hereby certify that I attended the deceased from
5-13- 1941 to 6-2- 1941
 that I last saw her alive on 6-2- 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 28 1937
(Month) (Day) (Year)

Immediate cause of death
Tuberculous Meningitis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 4 Months 2 Days 4
 If less than one day hr. _____ min. _____

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation None

11. Industry or business _____
MOTHER FATHER
 12. Name Marcus Butler
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Judine Jones
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
 (b) Address Gen. Hosp. #2
 17. (a) burial (b) Date thereof 6/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery
 18. (a) Signature of funeral director Robinson
 (b) Address 1729 Lydia
 19. (a) 6/5/41 (b) M. M. Crown
(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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M.D. or other) _____
 Address Gen. Hosp. #2 Date signed 6-4-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed: *J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St.*

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.