

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:  
6162 Charlotte Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 years /  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ruth Betty Butterworth

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased. April 8 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 8 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business At Home

MOTHER FATHER { 12. Name George Booth  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Heath  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Butterworth  
(b) Address 3936 College

17. (a) Burial (b) Date thereof 12-13-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Mo.

19. (a) Dec. 12 1941 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6162 Charlotte (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month December 11th  
year 1941 hour 12 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1-20  
1941 to Dec. 11th 1941  
that I last saw her alive on December 11th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death fibrillating heart 3 days  
cardiac failure Duration  
Due to \_\_\_\_\_

Other conditions diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 61  
Of autopsy \_\_\_\_\_  
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?

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature M. M. Crow (M. D. or other) 0  
Address 708 Huron Bldg. Kansas City Date signed 12-19-41

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

4838

08-1-2  
2-4-30  
H. C. ...  
H. C. ...  
H. C. ...

**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.....

*Elmer C. Weckel*

Licensed Embalmer No. 9495

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.**