

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5236

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 841

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 20 YRS.
years, months or days)

3. (a) PRINT FULL NAME CHARLES BUTTERFIELD

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dugabath 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Feb 21 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Mattress maker

11. Industry or business same

MOTHER FATHER { 12. Name Edward Butterfield
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Sissy Spout
15. Birthplace New York City (City, town, or county) (State or foreign country)

16. (a) Informant Merna Houser
(b) Address 5932 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/42
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Ernest Mayberry
(b) Address 2315 Lincoln

19. (a) 3/2/42 (Date received by registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 204 West 4th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1942 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from 2-10-42, 1942 to 2-27-42, 1942; that I last saw him alive on 2-27-42, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion & Senility

Due to 9/4
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy None

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) (e) Means of injury
23. Signature Amley R. Thom (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital Date signed 2-27-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Ray E. Snow
.....
Licensed Embalmer No. *2560*

P. O. Address.....

23-15 Linwood

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.