

BUREAU OF THE CENSUS
 FILED AUG 19 1942

3064

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

48
3
8
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:
4515 Park Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community About 56 Years
years, months or days)

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. 4515 Park Avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINTED FULL NAME Mrs. Julia Gunn Butler
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 13
 year 1942 hour 5 minute 20 A. M.
 21. I hereby certify that I attended the deceased from Aug 1939
 1939 to Aug 12 1942
 that I last saw her alive on Aug 12, 1942
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James E. Butler
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased: March 28 1873
(Month) (Day) (Year)

Immediate cause of death:
Chronic Bronchitis - severe - acute myocardial failure
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {
 12. Name James Gunn
 13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Reed
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Butler
 (b) Address 4515 Park Avenue

17. (a) Burial (b) Date thereof August 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director S. W. Newmans

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-14-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature M. M. Browne (M. D. or _____)
 Address 1500 Prof. Bldg Date signed 8-13-42

*Dr. James H. Keeler
1500 Prof. Bldg.
7-27*

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 *J. C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address *R. C. Mo.*

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.