

FILED DEC 4 1942
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4337

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:
432 West 34th St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 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. 432 West 34th St. Terrace
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES E. BUTLER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Butler 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 3, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Engineer
11. Industry or business Court House

MOTHER FATHER { 12. Name Timothy Butler
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Obegel Darough
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Butler
(b) Address 432 West 34th St. Terrace

17. (a) Burial (b) Date thereof 11-21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Washington

18. (a) Signature of funeral director Quirk and Dolin
(b) Address 20 West Linwood
19. (a) 11/22/42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1942 hour 1 minute 30 P.

21. I hereby certify that I attended the deceased from Nov 1, 1942, to Nov 20, 1942
that I last saw him alive on Nov 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Arterio Sclerosis
Due to Nephritis

Other conditions h. m. o
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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 James M. Browne (M. D. or other)
Address 1424 prof. Rd. Date signed 11-21-42

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

DEC 7 - 1941

[Faint handwritten notes and scribbles]

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..... *Charles M. Quinn*
Licensed Embalmer No..... *3774*
P. O. Address..... *K. E. Smith*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri

State File No.

County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4337

On this 30th day of November, 1942, before me appears.....
Elsie M. Kleiber

....., who, upon her oath, states that the original record of ^{birth} death
for Charles E. Butler ^{died} November 20, 1942, in the State of
Missouri, and which was filed at Kansas City Mo. on 11-22-, 1942, should be corrected as follows:

Item No. 7 should read December 3, 1863

Instead of December 4, 1864

Item No. 8 should read 78 yrs. 11 months, 17 days

Instead of 77 yrs. 11 months, 16 days.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Elsie M. Kleiber Daughter
Relationship.

432 W. 34th St. Ter.

Present Address.

Subscribed and sworn to before me this 30th day of November, 1942

My Commission expires April 14-45 B. Margaret Ross Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-36135 1942

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. *E. Butler*)..... St. Ward.....

File No.....
Registered No. *4337*
St. Ward.....

2. FULL NAME

(a) Residence, No. St. Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19..... *J. M. C.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11 20 1942*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Forwarded

Date of onset

12-2-1942

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-36135

1942