

V. S. No. 2
FORM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **398**

Registration District No. **149** Primary Registration District No. **1002**

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:
3637 College Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **--** (Specify whether
31 Years)

In this community **31 Years**
years, months or days)

3. (a) PRINT FULL NAME **Mr. Edward Kepner Butz**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **490-16-0039**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Blanche Butz**

6. (c) Age of husband or wife if alive **unk.** years

7. Birth date of deceased **December 25 1864**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	29	hr. min.

9. Birthplace **Pottstown Pennsylvania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business **Kansas City Star**

12. Name **George W. Butz**

13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Kepner**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Blanche Butz**

(b) Address **3637 College Avenue**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Jan. 26, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **1-26-43** (Date received local registrar)

(b) **Mr. M. Brown** (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. **3637 College Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24th**
year **1943** hour **3** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Dec 3**
1942 to **Jan 24**, 19**43**;
that I last saw him alive on **Jan 23**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chc Endocarditis**
(Decompensated 5 or 6 days)

Due to _____

Due to **9.2.5**

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature **John H. Lewis, M.D.** (M. D. or other) _____
Address **3548 Indiana** Date signed **1-24-43**

3848 Sullivan

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..... *@ Harvey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address..... *R @ 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.