

FILED JAN 15 1943  
Registration District No. 154

Primary Registration District No. 557.5

Registrar's No. 6

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Kansas City, Washington Imp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Armour Mem. Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years  
(Specify whether years, months or days)

In this community Over 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 8100 Wornall Road  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Miss Lucy Ann Butterfield

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1943 hour 3 minute 15 P. M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_

7. Birth date of deceased November 23 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1943 to Jan 11, 1943

that I last saw her alive on Jan 8, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85	1	17	hr. min.
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Immediate cause of death Ch. Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Francis Wallington Butterfield

13. Birthplace Oswego New York  
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Foster

15. Birthplace Bucyrus Ohio  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Armour Home

(b) Address 81st Wornall Rd KC Mo

17. (a) Burial (b) Date thereof 1-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure

(b) Address 2235 North 9th St Kansas City Mo

19. (a) Jan 14 1943 (b) Dr. Annie L. Hedges  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature C. D. Cantrell (M. D. or other) \_\_\_\_\_

Address 626 Wornall Hill Date signed Jan 12, 1943

Dr. Annie L. Hedges (Licensed Physician's Statement on Reverse Side)

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

48  
0

*copy for [unclear]*

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. M.

**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.**