

ED FEB 25 1943

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:
Eva Prout Convalescent Home 401 E. 36th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11-8-42-1-29-43**
(Specify whether
In this community **22 YRS.**
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 Terrace**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. ELIZABETH BUTLER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Charles E. Butler** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 19 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **10** If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER

12. Name **James Dorrell**

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

14. Maiden name **Sarah L. Barnett**

15. Birthplace **Milan Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Falsie Kleber**

(b) Address **San Angeles, Calif**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-1-1943** (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Quirk & Robin Co**

(b) Address **20 West Linwood**

19. (a) **2-1-43** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **29th** year **1943** hour **6** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **3-1-43** to **1-29-43** that I last saw her alive on **1-29-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Hypertension**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **836**

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) (e) Means of injury _____

23. Signature **Jamie P. Kelly** (M. D. or other) Address **1424 Princeton Blvd** Date signed **2-1-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 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.