

FILED FEB 24 1944

Registration District No. 177

Primary Registration District No. 1002

State File No. _____

Registrar's No. 716

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:
4202 WOODLAND 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 60 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. 4202 WOODLAND
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country GERMANY

3. (a) PRINT FULL NAME MRS. KATHERINE BUETTNER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. HENRY F. BUETTNER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 12 1887
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name UNKNOWN PETER

13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant MATHEW J. BUETTNER

(b) Address 8404 BLUERIDGE EXT.

17. (a) BURIAL (b) Date thereof FEB. 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL CEM.

18. (a) Signature of funeral director [Signature]

(b) Address 14013 Bush Creek Blvd

19. (a) 2-14-44 (b) H. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 12 TH
year 1944 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 23
1943 to Feb 12 1944
that I last saw a alive on Feb 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis Duration 7
remittent

Due to _____

Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy [Signature]

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)

(c) Means of injury 0

23. Signature [Signature] (M. D. _____)
Address Kansas City, MO Date signed 2-12-44

1107 Bunker Blg

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.....

Paul H. [Signature]

Licensed Embalmer No. 1940

P. O. Address 1401 Bunker Blg

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.