

FILED APR 7 1944
Registration District No. 1944-9

Primary Registration District No. 1002

Registrar's No. 1316

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: NEWBERN HOTEL - 525 E. ARMOUR BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 YEARS (Specify whether 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. NEWBERN HOTEL 525 EAST ARMOUR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. OPAL ALPHA BUTERBAUGH

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 MARRIED

6. (b) Name of husband or wife MR. ALBERT BUTERBAUGH
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JUNE 3 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 20
If less than one day hr. min.

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

10. Usual occupation NONE - HOUSEWIFE

11. Industry or business AT HOME

12. Name JOHN NEARBE

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

14. Maiden name OLLIE SMITH

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

16. (a) Informant MR. ALBERT BUTERBAUGH

(b) Address NEWBERN HOTEL - 525 EAST ARMOUR

17. (a) BURIAL (b) Date thereof MARCH 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE HILL CEM. K.C. KANSAS

18. (a) Signature of funeral director

(b) Address 1401 Brush Creek Blvd

19. (a) 3-23-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23RD
year 1944 hour 7 minute 20^{A.} M.

21. I hereby certify that I attended the deceased from 2-20-44 to 3-23-44
1944 3-23 1944

that I last saw her alive on 3-23-44 and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Cerebrovascular
Disease

Due to (Atherosclerosis)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Verified at operation

Of operations

Of autopsy 1248

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Paul F. Hunt (M. D.)
Address 1672 W. 130th Date signed 3-23-44

Professional 1989

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 Emile M. Calbow
Licensed Embalmer No. 3506
P. O. Address KC 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.