

Registration District No. 149

Primary Registration District No. 1001

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:
General Hospital No. 2 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-23-44 1 hr. 15 min.
(Specify whether)

In this community 1 hour 15 min.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL.")

(d) Street No. 3306 Denver 1
(If rural, give location)

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

3. (a) PRINT FULL NAME INFANT BUTLER

3. (b) If veteran, name war W

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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 July 23 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1944 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 11:30 a.m. July 23
July 23, 1944, to 12:45 p.m. July 23, 1944
that I last saw her alive on July 23, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 hr. 15 min.

9. Birthplace Kansas City Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Ernest Butler

13. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

14. Maiden name Lee Williams

15. Birthplace Weooka Okla. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Denatation (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.E. Sun Coast

18. (a) Signature of funeral director Wm A. ...

(b) Address City ...

19. (a) 12-28-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Prematurity 15-9

Due to

Due to

Other conditions 15-9
(Include pregnancy within 3 months of death)

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 J. C. ... (At D. or other)
Address 608 E. 22nd St. Date signed 7/25/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.