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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19427

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2738

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 #2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-9-45-6-27-45 (Specify whether

In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 826 E. 14
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT BUTLER

3. (b) If veteran, name war no

3. (c) Social Security No. ~~none~~ 496-09-9987

4. Sex male 9

5. Color or race Negro

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

6. (b) Name of husband or wife Laura Butler

6. (c) Age of husband or wife if alive 41 yrs. years

7. Birth date of deceased August (Month) 12 (Day) 1888 (Year)

8. AGE: Years 56 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Foreman (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation none

11. Industry or business

FATHER
12. Name Robert Butler
13. Birthplace (City, town, or county) Ark. (State or foreign country) 1

MOTHER
14. Maiden name Janie Cook
15. Birthplace (City, town, or county) Ark. (State or foreign country) 1

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director E. Stirling Bills
(b) Address 1212 Vine St. K. C. Mo.

19. (a) 6-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1945 hour 6:10 minute a. M.

21. I hereby certify that I attended the deceased from June 9, 1945, to June 27, 1945;
that I last saw him alive on June 27, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic type heart disease with decompensation

Due to

Due to

Other conditions 93-d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature G. C. Cleaves (M. D. or other)
Address Gen. Hosp. #2-600 E 22 Date signed 6-28-45

(Licensed Embalmer's Statement on Reverse Side)

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. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, 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.