

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

1228

FILED JAN 31 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 299

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:  
1206 Ewing  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0  
In this community 10 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1206 Ewing <sup>8</sup>  
(If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Henry BUTLER

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18  
year 46 hour 6 minute A. M.

4. Sex male <sup>0</sup> 5. Color or race white

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10 1850  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 16, 1946 to Jan. 18, 1946  
that I last saw him alive on Jan. 18, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>95</u>	<u>8</u>	<u>8</u>	hr. min.
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Immediate cause of death Decompensated myocarditis <sup>1 wk.</sup>

Due to Essential Hypertension <sup>2 yrs.</sup>

Due to \_\_\_\_\_

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

10. Usual occupation retired grocer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93e

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Butler

13. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Kerr

15. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant J. W. Hayward <sup>1</sup>

(b) Address R. C. Lane

17. (a) burial (b) Date thereof 1-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar, Missouri

18. (a) Signature of funeral director R. A. Fulton

(b) Address Kansas City, Kansas

19. (a) 1-19-46 (b) Mildred Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury ?

23. Signature J. J. Beck (M. D. or other) D.O.  
Address 3902 St. John Date signed 1/18/46

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

868

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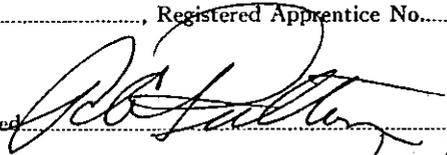
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**STATEMENT BY LICENSED EMBALMER**

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.

3503

P. O. Address

Lawrence City, Kansas

**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.**