

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13064**
1671
Registrar's No. _____

FILED APR 22 1946

Registration District No. 197 Primary Registration District No. 1002

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:
5319 TRACY 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 44 YEARS
years, months or days

3. (a) PRINT FULL NAME DR. GEORGE E. BUTIN

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. none

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

6. (b) Name of husband or wife MRS. RUTH I. BUTIN 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JANUARY 25 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 13 hr. _____ min. _____

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

10. Usual occupation MARKET SUPERVISOR - LIVESTOCK DIVISION

11. Industry or business U.S. DEPARTMENT OF AGRICULTURE

MOTHER FATHER

12. Name GEORGE NEEDHAM BUTIN

13. Birthplace HOCKING COUNTY OHIO
(City, town, or county) (State or foreign country)

14. Maiden name ANGELINE MICHAELS

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

16. (a) Informant MRS. RUTH I. BUTIN

(b) Address 5319 TRACY AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 9 1946
(Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON **48**

(c) City or town KANSAS CITY **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 5319 TRACY AVENUE **8**
(If rural, give location) **0**

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month APRIL day 6TH
year 1946 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1946
to April 6, 1946

that I last saw him alive on April 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension **5 yrs.**

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. F. Franzen (M. D. or other) **DD**
Address 1102 E 47th St. Date signed 4/8/46

361

1948
MAY 2
MAY 4 1948

1102 East 41st Street

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 *R. C. M.*

Licensed Embalmer No. *4045*

P. O. Address. *R. C. M.*

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.