

FILED FEB 10 1947
 146

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1228 South Osage Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 23 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1228 South Osage Street
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA LEE BUTTERWORTH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 19, year 1947 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw her alive on Jan. 18, 1947; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert W. Butterworth 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased June 9, 1922
 (Month) (Day) (Year)

Immediate cause of death Thrombotic - Embolic Shower - Post partum feet min.
 Due to _____
 Due to Recent partuition
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Lamona, Iowa
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy 99

MOTHER FATHER

11. Industry or business _____
 12. Name John A. Taylor
 13. Birthplace Canada
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Jones
 15. Birthplace Harrison County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert W. Butterworth
 (b) Address Independence, Missouri
 17. (a) Burial (b) Date thereof 1/22/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mound Grove Cemetery
 18. (a) Signature of funeral director John B. Speaks
 (b) Address Independence, Missouri
 19. (a) 1-30-47 (b) Jan. 22, 1947
 (Date received local registrar) (Registrar's signature)

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 Chas. Williams (M. D. or other) _____
 Address Indep. Mo. Date signed 1/21/47

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: *Poland R. Fraker*

Licensed Embalmer No. *3604*

P. O. Address: *Indip. 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.