

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17339

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2986

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3630 Agnes Avenue
(d) Length of stay: In hospital or institution 20 yrs.
In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3630 Agnes Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALICE BROWN BUTTRAM
3. (b) If veteran, name war. no
3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife MR John H. Buttram
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased July - 27 - 1862

8. AGE: Years 84 Months 9 Days 3
If less than one day hr. min.

9. Birthplace Iowa

10. Usual occupation housewife
11. Industry or business at home

MOTHER FATHER

12. Name James Jence
13. Birthplace West Virginia
14. Maiden name Elizabeth
15. Birthplace Virginia

16. (a) Informant Mr. J. M. Pepper
(b) Address 1521 E. 50th

17. (a) BURIAL (b) Date thereof MAY 12 1947
(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 - BROOK CREEK BLVD.

19. (a) 5-12-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1947 hour 11:20 minute A.M.
21. I hereby certify that I attended the deceased from APRIL 28 1947 to MAY 9 1947
that I last saw her alive on MAY 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA, LOBAR RT.
Due to Hypertensive Cardiovasc. Dis. and Arricular Fibrillation and Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108
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 MAY 10 1947
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(c) Means of injury
23. Signature W. Robert W. Smith (M. D.)
Address 1002 Argyle Bldg Date signed May 10 1947

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

1-5
1/1

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.....

John E. Fraking
working under my personal supervision.

Registered Apprentice No. *50A*

Signed *E. Oscar. Hootky*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.