S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24119

Registrar's No. 3094

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: ST JOSEPH. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 WEEKS (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 2542 QUINCY AVENUE
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME LUDEN HERMAN BUTT

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 487-05-8102

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS MYRTLE S. BUTT.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased FEBRUARY - 11 - 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	5	10	hr. min.

9. Birthplace CHARLESTON (City, town, or county) SOUTH CAROLINA (State or foreign country)

10. Usual occupation BUYER PURCHASING DEPT.

11. Industry or business TRANSATLANTIC WESTERN AIRLINES

FATHER
12. Name HERMAN D. BUTT
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY ANGERMAN
15. Birthplace JACKSONVILLE (City, town, or county) FLORIDA (State or foreign country)

16. (a) Informant Mrs Luden H Butt
(b) Address 2542 Quincy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 24 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEMETERY

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

19. (a) 7-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21ST
year 1947 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 2, 1947, to July 21, 1947; that I last saw him alive on July 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture left ventricle	1 min.
Due to Myocardial infarction	25 days
Due to Coronary thrombosis	25 days
Other conditions (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations

Of autopsy Above, plus bilateral hydrothorax and hemopericardium

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 0

23. Signature T. Reid Jones (M. D. or other) M. D.
Address 1107 Bryant Bldg. Date signed 7-21-47

(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 John E. Stoking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Nothing

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.