

FILED FEB 7 1948
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 433

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 HRS.
(Specify whether
In this community 30 YRS.
years, months or days)

3. (a) PRINT FULL NAME MARGUERITE BUTTS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 3 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLIE BUTTS 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased AUGUST 25, 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 1 If less than one day hr. _____ min. _____

9. Birthplace KINGFISHER OKLAHOMA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name GENERAL DIXON

13. Birthplace KINGFISHER OKLAHOMA
(City, town, or county) (State or foreign country)

14. Maiden name LULA

15. Birthplace KINGFISHER OKLAHOMA
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLIE BUTTS (HUSBAND)

(b) Address UNKNOWN 2205 Montgall

17. (a) Burial (b) Date thereof 1/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 17229 Lyden

19. (a) 1-31-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 4
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1725 WOODLAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 26
year 1948 hour 10: minute 25 P.M.

21. I hereby certify that I attended the deceased from JANUARY 26, 1948 to JANUARY 26, 1948
that I last saw h. ER alive on JANUARY 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC FAILURE Duration
terminal.

Due to LOBAR PNEUMONIA (RIGHT)

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy SAME AS ABOVE

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) Manner of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 1/28/48

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

MOTHER FATHER

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.....

J. Munroe

Licensed Embalmer No. *3994*

P. O. Address.....

2503 Highland

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.