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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 1 1948
Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 82

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

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 Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joyce Ann Butler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe / 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 2 1948
(Month) (Day) (Year)

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

9. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thos. M. Butler

13. Birthplace Dover, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Opal Thomas Freeman,

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

16. (a) Informant Thos. Butler

(b) Address Lees Summit, Mo.

17. (a) Burial (b) Date thereof March 4, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman, Mo.

18. (a) Signature of funeral director Husman-Sparas
Odessa, Mo.

(b) Address _____

19. (a) 3-4-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Lees Summit
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour _____ minute _____

21. I hereby certify that I attended the deceased from 3-2-48 to 3-3-48
that I last saw her alive on 3-2-48 and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to _____

Due to _____

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

PHYSICIAN

Major findings: 159

Of operations _____

Of autopsy _____

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 O

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

Address 3-4-48 11037 [Address]

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..... *Irving L. Kusman*

Licensed Embalmer No. *7541*

P. O. Address..... *Odessa, 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.