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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12475

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 1482

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: Trinity Lutheran Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Bethel 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Henry J. Button

3. (b) If veteran, name war None

3. (c) Social Security No. 486-07-1345A

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sussie Button

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

7. Birth date of deceased May (Month) 19 (Day) 1873 (Year)

8. AGE: Years 74 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Joliet (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name Henry J. Button
13. Birthplace No Record (City, town, or county) New York (State or foreign country) 1

MOTHER
14. Maiden name Mary Rigdon
15. Birthplace No Record (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Miss Ruby Button
(b) Address Bethel Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Girard, Kansas

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) 4-5-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1948 hour 8:10 minute P.M. M.

21. I hereby certify that I attended the deceased from Pathologist, 19 to, 19
that I last saw h alive on, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia + pleurisy c effusion, right

Due to Cardiac Hypertrophy + dilatation

Due to Clinical ~~Card~~ Hypertensive C-V Disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d
Of autopsy above.

Duration

PHYSICIAN
Underline the cause of 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 Jack H Hill (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date signed 3 April 48

Jefferson City Printing Co. (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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Jimmy S. Hickshon

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.