

FILED JUL 3 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2583

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:  
4414 WASHINGTON 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 67 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON  
(c) City or town KANSAS CITY 48  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4414 WASHINGTON 3  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME MRS ANNA BUTTERFIELD

3. (b) If veteran, name war 2 NO 3. (c) Social Security No. 3 none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHAUNCEY G. 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased SEPT 21 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name CHAS. KREILICH

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

14. Maiden name KATHERINE STOUT

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

16. (a) Informant CHAUNCEY G. BUTTERFIELD

(b) Address 4414 WASHINGTON

17. (a) BURIAL (b) Date thereof 6/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST 1411

18. (a) Signature of funeral director STINE & McELURE

(b) Address K. C. MO.

19. (a) 6-21-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19  
year 1948 hour 10:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from January, 1948, to June 19, 1948.  
I last saw him alive on March, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis Unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Arteriosclerosis, Generalized Unknown  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93d  
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) Means of injury \_\_\_\_\_

23. Signature Paul K. Johnston, MD (M. D. or other) \_\_\_\_\_  
Address 1110 Bryan Bldg Date signed 6/19/48

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

MOTHER FATHER

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**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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. K.C. 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.**