

FILED FEB 21 1949 STANDARD CERTIFICATE OF DEATH

State File No. 4809-416

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 32 yrs.		d. STREET ADDRESS (If rural, give location) 3824 Flora Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) Walter	a. (First) B.	b. (Middle)	c. (Last) Butterfield	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1878	9. AGE (In years last birthday) 70	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Marie Bessy	14. NAME OF HUSBAND OR WIFE Mrs. Ada Butterfield
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 487-05-9383	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Butterfield, 3824 Flora Ave.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Deabetes		2 years
DUE TO (c) Arterio Sclerosis		3 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No - 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1948 to Jan 28, 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 49 m., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casebolt (Degree or title)	23b. ADDRESS Mrs. U 4000 Baltimore, K-emo	23c. DATE SIGNED 1-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-49	24c. NAME OF CEMETERY OR CREMATORY Mount Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 1-29-49	REGISTRAR'S SIGNATURE Geralkine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elmer C. Redelin

Licensed Embalmer No. 3495

P. O. Address H. 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.