

No. 2
4-13-40
-17-39
K 23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1253**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **213**

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:
3629 Central
(If not in hospital or institution, write street number or location) **3**

(d) Length of stay: In hospital or institution. **3 Months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Carpenter Mrs. Sarah Catherine Burton**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** race **White** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mr. Riley David Burton**

6. (c) Age of husband or wife if alive **1** years (Day) (Year)

7. Birth date of deceased **October 1 1845**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	95	3	14	hr. min.

9. Birthplace **Mitchell Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

12. Name **Jacob Carpenter**

13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth**

15. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bob Bishop**

(b) Address **3429 Leavelle**

17. (a) **Removal** (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory **Franklin, Nebraska**

18. (a) Signature of funeral director **D. N. Newcomer, Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Jan 15 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Nebraska** (b) County **Franklin**

(c) City or town **Franklin** **999**
(If outside city or town limits, write "RURAL") **450**

(d) Street No. **Rural Route # 2**
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15th**
year **1941** hour **12** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Oct 14-1940**
to **Jan 15-1941**
that I last saw her alive on **Jan 15-1941** 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute nephritis
Senility

Due to **Senility #30**

Other conditions **n.m.o.**
(Include pregnancy within 3 months of death)

Duration
2 mo

Major findings:
Of operations **130**

Of autopsy **-----**

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) (c) Means of injury

23. Signature **R B Bishop MD** (M. D. or other)

Address **578 Ridge Bldg. Kc. Mo** Date signed **-----**

R B B K. 12.15.41

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

MOTHER FATHER

428 Fudge Bldg.
1:30 - 5:30

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 Emile M. Colborn

Licensed Embalmer No. 3506

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.