

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8 7211

MAR 17 1941

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. _____

48
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson Wash. Mo.
 (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: 300 East 78th Terrace 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 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson
30
0
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 300 East 78th Terrace
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mrs. Lulu L. Burch
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 5
 year 1941 hour 5:10 P.M. Minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John J. Burch 6. (c) Age of husband or wife if alive 6 years
 7. Birth date of deceased Mar. 6, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from About
1938 to Feb 5, 1941
 that I last saw her alive on Feb 4, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Carcinoma uterine Duration Over 2 yrs
48

9. Birthplace Don't Know 4
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions 48
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business Ballard
 12. Name Don't Know 9
(City, town, or county) (State or foreign country)
 13. Birthplace Don't Know
 14. Maiden name Don't Know
 15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant W. W. Burch
 (b) Address 3921 Charlotte

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)

17. (a) burial (b) Date thereof 2/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 366
(Specify type of place)
 While at work _____ (e) Means of injury _____

18. (a) Signature of funeral director R. V. Lindsey & Sons
 (b) Address 3911 Broadway

23. Signature R. V. Lindsey M.D. (M. D. or other) MD
 Address 404 1/2 W 75th Mo Date signed 2/6/41

19. (a) 2-16-41 (b) R. V. Lindsey, Sons
(Date received local registrar) (Registrar's signature)

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Roscoe Keeler

..... Licensed Embalmer No. *3738*

..... P. O. Address *J.C. No*

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.