

Registration District No. 397

Primary Registration District No. 100

Registrar's No. 270

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 2012 Askew /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48
 (a) State (b) County
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 2012 Askew
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Carolyn Joyce Burch

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased. August 4, 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Kansas City 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Ewing Jackson

12. Name Ewing Jackson
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Frances Burch
 15. Birthplace Kansas City 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rosie Crittenden
 (b) Address 2012 Askew

17. (a) burial (b) Date thereof 1/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Lincoln Cemetery
 (c) Place: burial or cremation

18. (a) Signature of funeral director Lydia
 (b) Address 1729

19. (a) 1/21/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 19th 1942 55 P.
 year 1942 hour 5 minute 55

21. I hereby certify that I attended the deceased from 1-4-42 to 1-18, 1942

that I last saw him alive on Jan - 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration

Due to 1070

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (e) Means of injury

23. Signature M. M. Brown (M. D. or other)
 Address 719-W-38 St. Date signed

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

MOTHER FATHER

V. S. No. 2
50M-9-4-41
Rev. 5-17-39

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 Isaac J. Marlow
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.