

S. No. 2.
I-9-4-41
5-17-39
P1 X2944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16883**
Registrar's No. **2100**

FILED JUN 6 1942
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
3210 Gillham Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **58** Years
In this community **58** Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **3210 Gillham Road**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country. -----

3. (a) PRINT FULL NAME **Nellie Elizabeth Metcalf Burrough**
(b) If veteran, name war. **No**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced. **2 divorced. Widowed**
6. (b) Name of husband or wife **Parsey P. Burrough** 6. (c) Age of husband or wife if alive. ----- years
7. Birth date of deceased. **September 26 1856**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 1 hr. min.

9. Birthplace **Franklin / Massachusetts**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business -----

MOTHER FATHER { 12. Name **Otis Fisher Metcalf**
13. Birthplace **Franklin / Massachusetts**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy Maria Daniels**
15. Birthplace **Franklin / Massachusetts**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Ruth Burrough**
(b) Address **3210 Gillham Road**

17. (a) **Burial** (b) Date thereof **May 29 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **O. N. Newcomer Lone**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **5-29-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27th**
year **1942** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Aug 7** to **May 26**, 19**42**
that I last saw her alive on **May 24**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio sclerosis**

Due to **97**

Due to -----
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) -----
(a) Means of injury -----
23. Signature **Dean Williams** (M. D. or other) **D**
Address **824 Park Blvd** Date signed **5/27/42**

St. J (Licensed Embalmer's Statement on Reverse Side)

806 Professional Bldg.
12-5

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.....

A. P. Newcomer Jr.

Licensed Embalmer No. *4043*

P. O. Address *N. 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.