

No. 2
-542
5-17-39
X32973

FILED JUL 17 1943 99
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2609

1. PLACE OF DEATH: **Jackson**

(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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days** (Specify whether)

In this community **5 yrs.**
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")

(d) Street No. **3823 S. Benton** (If rural, give location) **8**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Clara Burge**

3. (b) If veteran, name war _____

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

4. Sex **FEM!** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **Clara Burge**

6. (c) Age of husband or wife if alive **18 yrs**

7. Birth date of deceased **Sept 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	9	27	hr. min.

9. Birthplace **Carratton Mo D**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business _____

12. Name **H.C. Dunn** **9**

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

14. Maiden name **Hanna Mountain**

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

16. (a) Informant **Mrs. Davis**

(b) Address **3823 S. Benton**

17. (a) **Burial** (b) Date thereof **7 9 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odeasa Semetary**

18. (a) Signature of funeral director **Cato Speaks**

(b) Address **300 S. Grand**

19. (a) **7/8/42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th**
year **1942** hour **2** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **7-1-42** 19. to **7-5-42** 19. ;
that I last saw h. or alive on **7-5-42** 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death **DIABETES MELLITUS**

Due to **61**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence **July 6 1942**

(c) Where did injury occur **General Hospital K.C.**
(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 **0**

23. Signature **Dr. R. Thom** (M. D. or other) **0**
Address **Med. Dir. K.C. Gen. Hospital K.C. Mo.** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.