V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

48
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23311

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2829

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: 3739 Cleveland, / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 6 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")
(d) Street No. 3739 Cleveland, 8 (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Nellie Burrus,
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed, 2
6. (b) Name of husband or wife Unknown,
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased March (Month) 3 (Day) 1881 (Year)

8. AGE: Years 61 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business x
FATHER
12. Name Robert Noakes,
13. Birthplace (City, town, or county) England 4 (State or foreign country)
MOTHER
14. Maiden name Frances Dierck,
15. Birthplace (City, town, or county) Illinois, / (State or foreign country)
16. (a) Informant Mrs. Bessie Montz,
(b) Address 3739 Cleveland, Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington Junction, Mo.
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 7-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1942 hour 3:25 minute A. M.
21. I hereby certify that I attended the deceased from July 1, 1942, 19__, to July 26, 1942, that I last saw her alive on July 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 5 days
Due to Hypertension 5 years
Due to
Other conditions (Include pregnancy within 3 months of death) no 83w
Major findings:
Of operations no
Of autopsy no

Duration

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 no
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. A. Carlbult (M. D. or other)
Address 3229 Westport Ave K. C. Mo Date signed 7/27/42

361 (Licensed Embalmer's Statement on Reverse Side)

Dr. Casebolt.
329 Westport Road

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 E. M. Klaus

Licensed Embalmer No. 1848

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.