

S. No. 2
4-5-42
5-17-39
P1 X32873

36133

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4407

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:
1704 East 24th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 89 years (Specify whether years, months or days)
In this community.

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 East 24th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. Sallie Burton
3. (b) If veteran, name war. None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month. November, Day. 24th
year. 1942 hour. 3 minute. 56 P. M.

4. Sex. Fe 3
5. Color or race. Col
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife. Richard Burton
6. (c) Age of husband or wife if alive. 1853 years
7. Birth date of deceased. Unknown 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10 - 1942 to Nov 24 1942
that I last saw him alive on Nov 10 1942
and that death occurred on the date and hour stated above.
Duration
Immediate cause of death.

8. AGE: Years 89 Months Days If less than one day hr. min.

Due to. *Mitral Regurgitation*
Due to. *9dB*
Other conditions.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation. At Home

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

MOTHER FATHER

11. Industry or business. Holloway
12. Name. Holloway
13. Birthplace. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Unknown
15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Laura Jackson
(b) Address. 1704 East 24th St.
17. (a) burial (b) Date thereof. 11/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Highland Cemetery
18. (a) Signature of funeral director. *Hutchins Bros.*
(b) Address. 1729 Lydia
19. (a) 11-29-42 (b) *M. M. Brown*
(Date received local registrar) (Registrar's signature)

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. *Her [unclear]* (M. D. or other)
Address. 1612 E 12 Date signed.

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

L. H. Turner,

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

Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

2500 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.