

FILED MAR 1/48
Registration District No. 2/48

Primary Registration District No. 1002

Registrar's No. 825

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community Since 1920

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. 4247 Kenwood,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Arthur C. Burrows

3. (b) If veteran, name war no. 3. (c) Social Security No. 712-18-6962

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel H. Burrows, 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 10 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>6</u>	hr. min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Gen'l. Passenger Agent

11. Industry or business New York Central R. R.

MOTHER FATHER

12. Name William T. Burrows,

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

14. Maiden name My Hall,

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

16. (a) Informant Mrs. Ethel H. Burrows,

(b) Address 4247 Kenwood, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-17-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1943 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from 43 to Feb. 16, 1943
that I last saw him alive on Feb. 15, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 4 days

Due to Arteriosclerosis

Due to 83-B

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 Donald R. Black (M. D. or other) MS.
Address 924 P. O. Box 136 Date signed 2-17-43

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

Dr. Don B. Black

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. 1415

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.