

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

NOV 1 1943  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 60309

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:  
4272 East 62nd Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 Years (Specify whether years, months or days)

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. 4272 East 62nd Street (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Nancy Clementine Burton

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 11th  
year 1943 hour 5 minute 30 A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from July 25-1943  
to Oct 11  
that I last saw her alive on Oct 4  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband Mr. Ramsey Burton 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased May 7 1849  
(Month) (Day) (Year)

Immediate cause of death Hypostatic pneumonia  
Duration 8 da

8. AGE: Years Months Days If less than one day  
94 5 4 hr. min.

Due to Fracture l. hip

9. Birthplace Chamblee Co. Alabama  
(City, town, or county) (State or foreign country)

Due to 1862

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 18

11. Industry or business --

PHYSICIAN --

12. Name Harris

Major findings: Of operations --

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

Of autopsy --

14. Maiden name unk 9

Underline the cause to which death should be charged statistically.

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

16. (a) Informant Gina L. Burton

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Fall. Fr. l. hip

17. (a) Home (b) Date thereof Oct 14 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence July 25-1943

(c) Place: burial or cremation Pleasant Plain, Arkansas

Where did injury occur? Home (City or town) (County) (State)

18. (a) Signature of funeral director D. N. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

19. (a) 10-12-43 (b) D. C. Brown  
(Date received local registrar) (Registrar's signature)

While at work? -- (Specify type of place) (c) Means of injury Fall

23. Signature J. P. Wallace (M.D. or other)  
Address 703 Lathrop Bldg Date signed 10/14/43

703  
1:00.5  
[Handwritten signature]

---

---

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address F.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.**