

Registration District No. 149

Primary Registration District No. 1002

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

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:  
1408 E. 16th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1408 E. 16th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Burton

3. (b) If veteran, name war none  
3. (c) Social Security No. 487-12-5346

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Susie Burton  
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 8 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

12. Name Sam Burton

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

14. Maiden name Mary Clark

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

16. (a) Informant Susie Burton

(b) Address 1408 E. 13th St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12 15 43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Walter B...

(b) Address 1729 Lydia

19. (a) 12-15-43 (Date received local registrar)  
(b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11, 1943  
Year \_\_\_\_\_ hour 9 minute A. M.

21. I hereby certify that I attended the deceased from July 10  
1942, to Dec 11, 1943  
that I last saw him alive on Dec 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis heart disease  
Duration 6 mo

Due to Chronic nephritis 1 day

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 D. E. Brown (M. D. or other)  
Address 2434 W... Date signed 12-14

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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 *J. Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address. *2503 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.**