

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

S. No. 2
OM-2-43
Rev. 5-17-39
I X35697

FILED FEB 14 1945
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 510

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 Hazel Tates Convalescent Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 months
(Specify whether years, months or days)
 In this community 57 years 4
(Specify whether 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. 4118 Montgall 8
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME AMANDA ELIZABETH BURTON
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 2
 year 1945 hour 6 minute 2 A. M.
 21. I hereby certify that I attended the deceased from Jan 10 -
1945 to Feb 1, 1945
 that I last saw him alive on Feb 1, 1945
 and that death occurred on the date and hour stated above.

4. Sex Fe. / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased March 6, 1855
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 2 Day
 Due to Hypertension 3 yrs
 Due to Old age
 Other conditions 830
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
89 10 26 hr. min.
 9. Birthplace Choctaw Co., Alabama /
(City, town, or county) (State or foreign country)
 10. Usual occupation Homemaker

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business None
 12. Name Dillard Collins
 13. Birthplace Ky. /
(City, town, or county) (State or foreign country)
 14. Maiden name Harriett Jones
 15. Birthplace Choctaw County Alabama /
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. J. B. McElhinny
 (b) Address 4118 Montgall
 17. (a) Burial (b) Date thereof 2/5/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery
 18. (a) Signature of funeral director C. H. Blackman & Son
 (b) Address Kansas City, Mo.
 19. (a) 2-3-45 (b) D. E. 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?
 Inc. Inc. 242 St. Joe
(Specify type of place) (e) Means of injury _____
 23. Signature P. I. [Signature] (M. D. or other) _____
 Address 242 St. Joe Date signed 2/7/45

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

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 H. D. Beckman
Licensed Embalmer No. 3639
P. O. Address Kansas City 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.