No. 2
-2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30229

Registrar's No. 4029

Registration District No. 149 Primary Registration District No. 1002

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: Conley Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes (Specify whether years, months or days)
In this community 10 minutes

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. 3430 East 9th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Burham
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 10 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 10 min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER 12. Name Paul Elton Durham
13. Birthplace Clarence (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Virginia Grace Boone
15. Birthplace Warrensburg (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Paul Elton Durham
(b) Address 3430 East 9th Street
17. (a) Retained at (Burial, cremation or removal) (b) Date thereof 9-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation K.C. College Osteopathy & Surgery
18. (a) Signature of funeral director for a specimen
(b) Address
19. (a) 9-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1946 hour 9:15 minute P.M.
21. I hereby certify that I attended the deceased from 9-10 1946 to 9-10 1946 that I last saw her alive on Sept 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Malformation incompatible with life — Duration
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Luther W. Dwight (M.D. or other) D.O.
Address 205 Indep Ave Date signed 9-16-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.