

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36886**
Registrar's No. **5004**

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: **GENERAL HOSPITAL NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 DAYS**
In this community **23 YRS.** (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. **2323 PROSPECT**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ROBERT BURROWS**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **510-05-5210**

4. Sex **MALE**
5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Hazel Lovett Burrows**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **SEPTEMBER 2, 1902**
(Month) (Day) (Year)

8. AGE: Years **44** Months **2** Days **22**
If less than one day _____ hr. _____ min.

9. Birthplace **HUMBOLT TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation **CLERK---LARD DEPT.**

11. Industry or business **WILSON'S PACKING HOUSE**

12. Name **MONROE BURROWS**

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

14. Maiden name **CALLIE SIMS**

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

16. (a) Informant **CALLIE PAUL (MOTHER)**

(b) Address **2325 PROSPECT**

17. (a) **Burial** (b) Date thereof **Nov. 30, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery, K.C., Mo.**

18. (c) Signature of funeral director **Fannie D. Inceff**

(b) Address **1708 E. 18th St.**
19. (a) **11-29-46** (b) **Theralline Holmea**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **24**, year **1946** hour **2:** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **NOVEMBER 12, 1946** to **NOVEMBER 24, 1946** that I last saw him alive on **NOVEMBER 24, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **METASTATIC MALIGNANT MELANOMA OF LUNGS** Duration _____

Due to **primary site unknown**

Due to _____

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

Major findings: **47 d**
Of operations _____

Of autopsy **SAME AS ABOVE**

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) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **M. D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **11/25/46**

FEB 19 1967

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 Fannie L. Meek
Licensed Embalmer No. 3818
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.