

S. No. 2
OM-543
v. 5-17-39
I X38671

13385

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 5 1947

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1836

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs.
(Specify whether years, months or days) 50 yrs

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. 1717 1/2 Prospect 8
(If rural, give location) 5

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Michael Ben Burton

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1947 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 20 19 47 to April 21 19 47
that I last saw him alive on April 21 19 47
and that death occurred on the date and hour stated above.

4. Sex Male 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 1866 years

7. Birth date of deceased May 24 1866
(Month) (Day) (Year)

Immediate cause of death Heart failure-old myocardial infarction

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 10 Days 27
If less than one day hr. min.

PHYSICIAN

Major findings:
Of operations See above

Of autopsy See above

Underline the cause to which death should be charged statistically.

9. Birthplace Ill - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business

12. Name Benjamin Burton 1

13. Birthplace Ill 1
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle

15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

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 0

23. Signature W. W. Foster (M. D. or other) 0
Address Med. Dir. Gen. Hosp. Date signed 4-23-47

16. (a) Informant Mr. Louis Burton

(b) Address 1637 Jubal

17. (a) Burial (b) Date thereof Apr 23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. W. Foster

(b) Address 914 Brooklyn

19. (a) 4-23-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

Dr. Simpson

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..... *Carland Meunier*

Licensed Embalmer No..... *3414*

P. O. Address..... *918 Brooklyn*

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.