

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31348

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 377
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas (d) Street No. General Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3645****2. PRINT FULL NAME**

Erwin Burton **35**
 (a) Residence, No. 2901 Forest St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-38 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Burton

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1873

I last saw him live on 9-16-38 19. Death is said to have occurred on the date stated above, at 5:25 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 11 11 6

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

Automobile traumatism
Fracture of left femur
Iliac thrombosis
Pulmonary embolism

13. NAME J.N. Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

15. MAIDEN NAME Mary Dumovant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 9-13-38
 Where did injury occur? Public Place
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Record Office
General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 9, 19, 1938 19

Manner of injury Pedestrian struck by auto
 Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Lapetina
Kansas City, Mo.

20. FILED Sept 18 1938 M.M. Brown
 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Auto Struck
 (Signed) Genl Hosp; K.C. Mo. M. D.

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, above space should be left blank.