REC'D NOV 21 1938

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

34786
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 4122
(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.

2. PRINT FULL NAME 635 Orville S. Burton
(a) Residence, No. 2760 North 22nd St. K, C., Ks.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Burton
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24, 1886

7. AGE: YEARS 52 | MONTHS 4 | DAYS 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odessa, Mo. 0

FATHER
13. NAME: John C. Burton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER
15. MAIDEN NAME: Elizabeth Ark.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Clara Burton, 2760 N. 22nd, K. C., Ks.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisonville, Mo. DATE Oct. 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): QUIRK & TOBIN CO. Kansas City, Mo.

20. FILED 10-23, 1938 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 7:50 a.m.
Deputy Coroner
The principal cause of death and related causes of importance were as follows:

Fracture of the skull
Laceration of the brain
Subdural - suppral cerebral hemorrhage
175 B

Other contributory causes of importance:
Bronchopneumonia

Date of onset

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 10-16-1938
Where did injury occur? K.C. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Slugged and robbed at
Nature of injury 5th & Broadway

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Orville B. Burton M. D.
(Address) Gen Hosp; K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.