

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

42770
Do not use this space.

JAN 18 1939

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
 (b) Township Gallatin Primary Registration District No. 5276A Registered No. _____
 (c) City North Kansas City, Mo. (d) Street No. None 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

(a) Residence, No. 655 Route # 4 North Kansas City, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence H. Burton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 1882
 7. AGE YEARS 56 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Ind
 13. NAME John Pulner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 15. MAIDEN NAME Margaret (Unknown)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Ward Dudley
No 12 Cass City Mo R 4
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Dec 26 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
No 12 Cass City Mo
 20. FILED 1-9 1939 Viola C. Magee Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1938, to Dec 24 1938
 I last saw her alive on Dec 24 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Bilateral
1070
 Other contributory causes of importance: acute Coma
 Name of operation _____ Date of _____
 What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Russell L. Dodge, M. D.
North K. C. Mo

Per. L. M. A. Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/14/39

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,

personally

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. *3625*

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.