

APR 17 1939

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

9767
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 395
 (b) Township Raw Primary Registration District No. 100 Registered No. 1373
 (c) City Kansas City 1 (d) Street No. Research Hospital 1373 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 Ethel A. Burch

(a) Residence, No. 5800 McJee St. (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 Female 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 R. C. Burch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/26/1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Iowa

FATHER 13. NAME N. D. Dahlin 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 7

MOTHER 15. MAIDEN NAME Amanda 7

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

17. INFORMANT (ADDRESS) R. C. Burch
5800 McJee st

18. BURIAL, CREMATION, OR REMOVAL PLACE Sioux City Iowa DATE Apr 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wine-McClure
Kansas City, Mo.

20. FILED Mar 31 1939 M. M. Kerove
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939, to March 30, 1939

I last saw her alive on March 30, 1939. Death is said to have occurred on the date stated above, at 6:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Uremia -
131
 Other contributory causes of importance:
Hypertensive renal
degenerative disease
arteriosclerosis kidneys yes

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? _____ 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) R. C. Kraus, M. D.
 (Address) 924 Ogden Bldg
K.C., Mo.

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.

Complete Body 1-32

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.