

No. 2
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FILED JUN 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18039

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 131

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 521 So Willow
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 521 So Willow (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Katherine Burton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. P. Burton 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 20 1872
(Month) (Day) (Year)

8. AGE: 68 Years 9 Months 24 Days If less than one day
hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Lafayette Pitcher

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant E. P. Burton

(b) Address 521 So Willow

17. (a) Burial (b) Date thereof 5/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Belton, Mo.

19. (a) May 15-1941 (b) F. A. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour _____ minute 12:30 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? 360

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Russell W. _____ (M. D. or other) 3

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

L. M. Steir

Licensed Embalmer No. *3156*

P. O. Address.....

Indep. Mo

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.