

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39592
State File No. _____
Registrar's No. 4463

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 2
(d) Length of stay: In hospital or institution 11-24-42-11-29-42
In this community 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1016 W. 27
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME ELIZA BURGIN
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 29 year 1942 hour 12 minute 15 p. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evans Burgin
6. (c) Age of husband or wife alive 75 years
7. Birth date of deceased October 1 1878

21. I hereby certify that I attended the deceased from November 24 1942 to November 29 1942
that I last saw him alive on November 29 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 1 Days 28 If less than one day hr. min.

Immediate cause of death. Hypertensive type heart disease
Duration

9. Birthplace Westport Missouri
10. Usual occupation None

Due to Generalized arteriosclerosis and nephrosclerosis
Due to

11. Industry or business
12. Name Samuel Mallory
13. Birthplace Texas
14. Maiden name Irene Stewart
15. Birthplace Virginia

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) burial (b) Date thereof 12/5/42
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Hattens Bros.
(b) Address 1729 Lydia
19. (a) 12-2-42 (b) M. M. Brown

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Sign. J. A. Brown (M. D. Registrar)
Address Gen. Hosp #2-60622 Date signed 12-1-42

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

MOTHER FATHER

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 Isaac J. Manlove
Licensed Embalmer No. 3994
P. O. Address 2703 Highland

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.