

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16846**
Registrar's No. **2131**

FILED JUN 7 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
on street 3650 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether years, months or days) **24 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **Ambassador Hotel**
3560 Broadway
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Ethel H. Burrows**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Arthur C. Burrows** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **July 29 1880**
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **27** If less than one day **hr. min.**

9. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **Cecil L.** **Kentucky**

13. Birthplace **Hell Moore**
(City, town, or county) (State or foreign country)

14. Maiden name **Kentucky**

15. Birthplace **Fred Hudgins**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mt. Vernon, Ohio**

17. (a) Burial (b) Date thereof **5-7-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5/8/43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6th**
year **1943** hour **12:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 5**, 19**43** to **May 6**, 19**43**
that I last saw **her** alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **arteriosclerosis & hypertension**

Due to **83a**

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?

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

23. Signature **Donald Stath** (M. D. or other)
Address **3235 Gillham Plaza, K. C., Mo.** Date signed **5/8/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Don Black

*Don Black
1911*

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

[Signature]
Licensed Embalmer No. 1415-
P. O. Address W.C. 1176

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.