S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20273

LED JUL 13 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2881

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: 1607 Park /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1607 Park
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Clara Brooks Burton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Samuel Burton

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May (Month) — (Day) 1898 (Year)

8. AGE: Years 45 | Months 1 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Palestine, (City, town, or county) Texas / (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

FATHER
12. Name William Bowens
13. Birthplace ____ (City, town, or county) Texas / (State or foreign country)

MOTHER
14. Maiden name Mattie Green
15. Birthplace Palestine, (City, town, or county) Texas / (State or foreign country)

16. (a) Informant Samuel Burton
(b) Address 1607 Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia, K.C. Mo

19. (a) 6-29-43 (Date received local registrar) (b) R. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day Sunday year 1943 hour 4:35 minute A. M.

21. I hereby certify that I attended the deceased from June 26, 1943, to June 27, 1943, that I last saw h. alive on June 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of breast	1 year
Due to 50	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M. D. or other) M.D.
Address [illegible] Date signed 6-28-43

(Licensed Embalmer's Statement on Reverse Side)

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 D. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 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.