S. No. 2
M—5-42
5-17-39
1 X32873

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. 23732

FILED AUG 6 1943

Registration District No. ____ Primary Registration District No. 1002. Registrar's No. 3222

1. PLACE OF DEATH:
(a) County: Jackson County
(b) City or town: Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 hrs (Specify whether years, months or days)
In this community: 4½ yrs

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City Missouri 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 3106 E 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Shirley Iola Jean Burton
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: Child
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 28 (Day) 1938 (Year)
8. AGE: Years 4 Months 6 Days 24 If less than one day hr. min.
9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Burton
13. Birthplace: K.C. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name: Zola Thornton
15. Birthplace: Mexico (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: Thomas Burton
(b) Address: 3106 E 19th K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Mrs. C. C. Foster
(b) Address: 918 Brooklyn
19. (a) 7-24-43 (Date received by local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 22 year: 1943 hour: 3 minute: 30 M.
21. I hereby certify that I attended the deceased from July 21, 1943, to July 22, 1943, that I last saw her alive on July 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Post Mortem
Diffuse bronchopneumonia
Due to: Multiple infarcts of lungs
Due to: Fibroplastic hydropleura
Glomerulonephritis
Other conditions (Include pregnancy within 3 months of death): Dehydration
Major findings:
Of operations: 0 visera
Of autopsy: 1 B 1 P

Duration

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: 0
23. Signature: John K. Gaskin M.D. (M. D. or other)
Address: Mercy Children's Hosp. Date signed: 7-22-43

(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.....

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, fact should be so stated above.