V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5968

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 590

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:
818 East 31st. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Over 30 years
years, months or days)

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. 818 East 31st. Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Della Burton

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Thomas Jefferson Burton

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

7. Birth date of deceased August (Month) 26 (Day) 1857 (Year)

8. AGE: Years 86 Months 5 Days 98 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Horatia Williams
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Margaret Lee
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Miss Bessie Burton
(b) Address 4043 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway

19. (a) 2-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th. year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Feb 3 1944 to Feb 4 1944 that I last saw her alive on Feb 4 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to Infection

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none 108

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 Edw Geraughty (M. D. or other)
Address 303 Shukert Bld Date signed Feb 5 44

(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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K C, 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.