

No. 2  
8-43  
17-39  
X37825

FILED JUL 8 1944

Registration District No. 149

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6-21-44-6-22-44  
(Specify whether  
In this community Unknown 1  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 2609 Highland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME

HAZEL BURROWS

3. (b) If veteran,

name war no

3. (c) Social Security

No none

4. Sex Female 3  
5. Color or race Negro

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

6. (b) Name of husband or wife Robert Burrows

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December 12 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>6</u>	<u>10</u>	hr. min.

9. Birthplace Beirna Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name George Lovett

13. Birthplace Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Bell

15. Birthplace Ga.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) 2047121 (b) Date thereof 6-28-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (e) Signature of funeral director Adkins Bras

(b) Address 2000 E. 12th R.C.M.O

19. (a) 6-26-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1944 hour 7:55 minute P. M.

21. I hereby certify that I attended the deceased from June 21, 19 44 to June 22, 19 44; that I last saw her alive on June 22, 19 44; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) \_\_\_\_\_ (Specify type of means of injury)

23. Signature B. O. Stewart (M.D. or other)  
Address Lin. Mo. 2-6008-22nd Date signed 6/26/44

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..... *A.T. Moore* .....

Licensed Embalmer No. *948* .....

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.**