

U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8486**
Registrar's No. **1193**

Registration District No. **149**

Primary Registration District No. **1002**

18
3
8

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: **1809 Brownell**
(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **30 years**
years, months or days

3. (a) PRINT FULL NAME **Alice M. Burgess**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Fe. /**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Thomas J.**

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

7. Birth date of deceased **Jan. 22, 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	20	_____ hr. _____ min.

9. Birthplace **Montpelier Vt. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business **None**

MOTHER FATHER {

12. Name **Arthur Weston**

13. Birthplace **Vt. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Laurinda Frost**

15. Birthplace **Vt. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles H. Burgess**

(b) Address **118 S. Elmwood**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **3/15/45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Holt, Mo.**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **3-14-45** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **49**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**

(d) Street No. **1809 Brownell**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **12**
year **1945** hour **10:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Brownell**, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis-pneumonia**

Due to **arterio-sclerosis**

Due to **Hypertension**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **101**

Of operations _____

Of autopsy **see History & Inspection**

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? _____

23. Signature **James Walker** (M. D. or other) **3**
Address **1424 Jefferson** Date signed **3-13-45**

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 J. H. Blackman
Licensed Embalmer No. 3639
P.O. Address 791 E. 7th

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.