

Registration District No. 149

Primary Registration District No. 1002

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:
2029 East 18th St.
(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 39 Years

3: (a) PRINT FULL NAME Annie Burton

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Burton 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 8, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Wagebough, North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Business

11. Industry or business _____

12. Name Charles Tillman

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

14. Maiden name Sophie

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

16. (a) Informant William Burton

(b) Address 2029 East 18th St.

17. (a) Burial (b) Date thereof 12/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director William P. ...

(b) Address 1729 ...

19. (a) 11-30-48 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2029 East 18th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
 year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 25
1948, to Nov 29, 1948;
 that I last saw him alive on Nov 28
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Due to Cerebral Apoplexy

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

Major findings: Of operations _____

Of autopsy _____

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?

L. W. Turner (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address 1012 22 Date signed 12/2/48

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

MOTHER FATHER

Carl W. Sumner

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. Jerome Malone*
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.