

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

17283  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 397  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 4153 McGee St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Burgess  
 (a) Residence, No. 4153 McGee Street St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie E. Burgess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 8 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

FATHER 13. NAME Thomas Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Martha Baylis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Miss Ann Burgess  
 (ADDRESS) 4153 McGee, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crete, Nebraska DATE 07/11 19. 38

19. FUNERAL DIRECTOR Stine & McClure  
 (ADDRESS) Kansas City, Missouri

20. FILED May 13 1938 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1937, to May 11, 1938  
 I last saw him alive on May 11, 1938. Death is said to have occurred on the date stated above, at P. m. 9:40  
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis  
 Senility  
 Prostatic Hypertrophy  
 Date of onset Sept 37

Other contributory causes of importance:  
 Name of operation None Date of None  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) G. H. Horn, M. D.  
 (Address) 1000 Richards Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1/10/19  
Rualdo B. B. B.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**