REC'D MAY 10 1939

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

14051
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Kansas City
(c) City: Kansas City
Registration District No.: 399
Primary Registration District No.: 1007
Registered No.: 1805
(d) Street No.: Lakeside Hospital 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.
652

2. PRINT FULL NAME: Agnes Gertrude Burns.
(a) Residence, No.: 8517 Robinson St. Overland Park Kas.
(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: Female
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: Robt. Burns.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15 - 1907
7. AGE: Years 31 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House keeper
9. Industry or business in which work was done, as saw mill, bank, etc.: at Home
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): Wichita Kas.

FATHER
13. NAME: Jno. Henry Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data.

MOTHER
15. MAIDEN NAME: Helen Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

17. INFORMANT (ADDRESS): Robt Burns. Overland Park Kas.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Olathe Kas. DATE: May 1 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. E. Julien Olathe Ks.
20. FILED: May 1 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1939, to May 1, 1939
I last saw h... alive on May 1, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
149B	
Surgical Shock	6 hrs.

Other contributory causes of importance:
Severe Operation
Pre-Eclampsia } Cervix & perineum
Premature Baby } following delivery 6 months
Name of operation: Forceps delivery Date of: May 1 39
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Geo. J. Conway, M. D.
(Address) 212 Ralston Bldg. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

The Plaza

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

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, above space should be left blank.