

REC'D JUN 8 1939

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

17661
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Paris Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 5218 East 15th Registered No. 2053 St.

(II 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 George G. Burger

(a) Residence, No. 1441 Collins St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. (F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF) Widowed - unk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 1892

7. AGE YEARS 47 MONTHS 2 DAYS 8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto mechanic

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Napoleon Missouri

FATHER

13. NAME George G. Burger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

MOTHER

15. MAIDEN NAME James F. Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napoleon Missouri

17. INFORMANT (ADDRESS) Ms. Mrs. C. Cannon 1441 Collins

18. BURIAL, CREMATION, OR REMOVAL PLACE Napoleon, Mo. DATE May 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Cadogan Independence, Mo.

20. FILED May 18 1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1939

22. I HEREBY CERTIFY That I attended deceased from 1939 to 1939

I last saw him alive on May 13 1939 Death is said to have occurred on the date stated above, at 1308

The principal cause of death and related causes of importance were as follows:

Hypertension heart failure acute stenosis

Other contributory causes of importance: Pulmonary edema

Name of operation None Date of None

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) George C. Cadogan M. D.

(Address) Independence, Mo.

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.

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.