

REC'D AUG 7 1939

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

24462

Do not use this space.

1. PLACE OF DEATH **Jackson** Registration District No. **399**
 (a) County **Kaw** Primary Registration District No. **1002**
 (b) Township **Kansas City, Mo.** (d) Street No. **7211 Terrace** Registered No. **2675** St.
 (c) City **(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 **Joseph Oscar Burgener**
 (a) Residence, No. **7211 Terrace** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Drucilla Burgener		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4, 1869		
7. AGE YEARS 71	MONTHS 3	DAYS 29
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
	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) **Missouri** **0**

FATHER 13. NAME **Con Burgener** **6**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany** **9**

MOTHER 15. MAIDEN NAME **Mrs. Cooley**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. E. E. Waddell**
(ADDRESS) **7211 Terrace**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Marceline, Mo.** DATE **July 5, 1939**

19. FUNERAL DIRECTOR (NAME) **R. V. Lindsey & Sons**
(ADDRESS) **3811 Broadway**

20. FILED **July 4, 1939** **M. M. Cron**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 3, 1939**
22. I HEREBY CERTIFY, That I attended deceased from **Summer of 1938**, to **July 3, 1939**
 I last saw him alive on **May 30, 1939** Death is said to have occurred on the date stated above, at **4:10 P.M.**
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

946

Other contributory causes of importance:

Angina pectoris

Date of onset
6-30-39
one
9-3-39

1931

Name of operation **none** Date of
 What test confirmed diagnosis? **Sleg** 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) **Paul E. Tolle**, M. D.
 (Address) **Overland Park, Mo.**

M. Frank Fiddle

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.