

JAN 8 1949  
Registration District No. 399

Primary Registration District No. 1002

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

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:  
K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)  
 In this community 29 Years

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Burns

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William H. Burns 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28 1863  
(Month) (Day) (Year)

|               |          |          |                      |
|---------------|----------|----------|----------------------|
| 8. AGE: Years | Months   | Days     | If less than one day |
| <u>78</u>     | <u>6</u> | <u>4</u> | hr. _____ min. _____ |

9. Birthplace Perry Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name William L. Shoults

18. Birthplace Paris Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Kelch

15. Birthplace Unknown West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace B. Cox

(b) Address 6035 Prospect Avenue

17. (a) Burial (b) Date thereof Dec. 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-2-40 (b) M. M. Crowe  
(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. 6035 Prospect  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st  
 year 1940 hour 3 minute 17 A.M.

21. I hereby certify that I attended the deceased from Nov. 13th, 1940 to Dec. 1st, 1940, 19\_\_\_\_;  
 that I last saw her alive on Dec. 1st, 1940, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pathological fracture of right femur  
multiple myeloma of bone  
 Due to Primary probably in Rt. Femur

Due to \_\_\_\_\_  
53

Other conditions Gangrenous cystitis, ascending  
(Include pregnancy within 3 months of death)  
myelonephritis and hypostatic pneumonia

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy See above

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)  
 Means of injury \_\_\_\_\_

23. Signature Dwight R. Shou (M. D. or other)  
 Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 Frank M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

**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.**