S. No. 2
I—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20810

State File No. 2340

Registration District No. 399 FILED JUL 7 1941

Primary Registration District No. 1002

Registrar's No.

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: 1515 E. 10th Apt 21 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1515 E. 10th Apt. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Millie Banks Burnham

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe

5. Color or race Col

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) 8 (Day) 1883 (Year)

8. AGE: Years 58 Months 0 Days 8 If less than one day hr. min.

9. Birthplace K.C. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Rachel
15. Birthplace Clay (City, town, or county) Co. 0 (State or foreign country)

16. (a) Informant Robert Biggs, Son

(b) Address 1515 E. 10th Apt. 21

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lincoln K.C. Mo.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 6/21/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 8:00 minute A.M.

21. I hereby certify that I attended the deceased from June 6th 1941, to June 16 1941 that I last saw her alive on June 16th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to Uncertain

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Minor J. Holmes (M. D. or other)

Address 1611 A. E. 12th K.C. Mo. Date signed 6-19-41

(Licensed Embalmer's Statement on Reverse Side)

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 Edw S. Evans

Licensed Embalmer No. 3836

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, fact should be so stated above.