

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30899 ✓

State File No. 3799

FILLED OCT 24 1941

Registration District No. 399

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Mo.

(c) Name of hospital or institution 121 Benton Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs
(Specify whether In this community 20 yrs 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. 121 Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harland G. Burger

3. (b) If veteran, name war yes WW

(c) Social Security No. 490-07-1653

4. Sex m. Color or race w.

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

6. (b) Name of husband or wife Cecilia Burger

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 23 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 1941
hour _____ minute 50

21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him _____ and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 6 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Ida Grove Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Immediate cause of death Acute Coronary Thrombosis

Due to Coronary Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 940

MOTHER FATHER

11. Industry or business _____

12. Name Charles W. Burger

13. Birthplace Rhodes Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Francis Hagler

15. Birthplace Winfield Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecilia Burger

(b) Address 121 Benton Blvd.

17. (a) Burial (b) Date thereof 10-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bressler Cemetery

18. (a) Signature of funeral director H. Leguman

(b) Address 10/11/41

19. (a) 10/11/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 Bussell (M. D. or other) 3

Address TCM Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

OCT 23 1944

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.....

Francis Walter, Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Peggiman*
Licensed Embalmer No. *2744*
P. O. Address *A. C. 2nd*

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.