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K23159

FILED NOV 13 1941

Registration District No. **299**

Primary Registration District No. **1502**

Registrar's No. **4032**

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:
4100 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

In this community **35 Years** /

3. (a) PRINT FULL NAME **Mrs. Mary Elizabeth Burgess**

3. (b) If veteran, name war. **None**

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 **Mr. Robert Burgess**

6. (c) Age of husband or wife if alive **30** years

7. Birth date of deceased **May 30 1851**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	4	29	_____ hr. _____ min.

9. Birthplace **Londonderry Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

12. Name **Hugh Short**

13. Birthplace **North Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Simpson**

15. Birthplace **North of Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lizara E. Snellings**

(b) Address **4100 South Benton**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Oct. 30, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

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

(b) Address **1401 Brush Creek Blvd.**

19. (a) **10/30/41** (Date received local registrar)

(b) **M. M. Brown** (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. **4100 South Benton**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **75 Years** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27th**

year **1941** hour **7** minute **10 P.** M.M.

21. I hereby certify that I attended the deceased from **Oct. 27** 19**41** to **Oct. 27** 19**41**;

that I last saw her alive on **Oct. 27** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocarditis**

Duration **170**

Due to **Gastric Hemorrhage**

Due to **Ch. Gastric Ulcer**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature **Shelma** (M. D. or other) **Shelma**

Address **10307 Bishop Ave** Date signed **10/27/41**

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

gwp

04838

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MOTHER FATHER

Ch. Hillman
10307 Indep
3-7

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..... *C. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address..... *A. 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, fact should be so stated above.