

FILED OCT 5 1942 49

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 3491

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1402 Troost 1  
(If not in hospital or institution, write street number or location)

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

In this community 21 yrs.  
years, months or days

3. (a) PRINT FULL NAME Theodore Burns

3. (b) If veteran. \_\_\_\_\_ name war. \_\_\_\_\_

3. (c) Social Security No. no

4. Sex m

5. Color or race Col

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

6. (b) Name of husband or wife Jessie Burns

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased. Apr. 5 1900  
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tuscaloosa Ala  
(City, town, or county) (State or foreign country)

10. Usual occupation Ice man

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Burns

{ 13. Birthplace Tuscaloosa Ala  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Maena

{ 15. Birthplace Tuscaloosa Ala  
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Bell Wilson

(b) Address 1816 Highland

17. (a) Burial Burial (b) Date thereof 9-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Public place  
(Specify type of place)

18. (a) Signature of funeral director Adrian J. ...

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

19. (a) 9/23/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1912 E. 19th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Deputy Coroner to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Homicide

Due to stab wound of heart

Due to hemorrhage

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy yes

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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) Homicide

(b) Date of occurrence 9-17-42

(c) Where did injury occur? Cor 14th Troost K.C. Mo  
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place? Public place

23. Signature E. T. Anderson (M. D. or other) \_\_\_\_\_  
Address 1832 Vine Date signed 9-21-42

**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

*A. T. Moore*

Licensed Embalmer No.

*5248*

P. O. Address

*Kansas City 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.**