

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5043**
Registrar's No. **549**

Registration District No. **149** Primary Registration District No. **1002**

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:
6808 Monroe Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5.0 yrs** (Specify whether if this community years, months or days)

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. **6808 Monroe Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **Mrs. Mary Jane Burgess**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **2nd**
year **1943** hour **5** minute **A.** M.

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. John W. Burgess**
6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **June 25 1860**
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	82	7	7	hr. min.

Immediate cause of death **Nephrosclerosis - Structure left ventricle Coronary Artery Disease**
Due to **Structure left ventricle**
Due to **Coronary Artery Disease**

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **gfr**
Of autopsy **See Above**

11. Industry or business **---**
12. Name **David Smith**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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 **O. E. Upsher** (M. D. or other) **M.P.**
Address **2312 M. Clay** Date signed **2/2/43**

16. (a) Informant **Mr. John W. Burgess**
(b) Address **6808 Monroe Avenue**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 4, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**
18. (a) Signature of funeral director **O. E. Newcomer's Son**
(b) Address **1401 Brush Creek Blvd.**
19. (a) **1-3-43** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

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

48
C.M.S.

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.