S. No. 2
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FILED APR 8 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9005

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1525

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

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: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 319 N. Quincy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GERTRUDE ESTHER BURNS
3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Fe.
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Oct. 6, 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Columbus Indiana /
(City, town, or county) (State or foreign country)
10. Usual occupation Homemaker
11. Industry or business
FATHER
12. Name Amos Burns
13. Birthplace Maryland /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marcella Gore
15. Birthplace Maryland /
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Lila Burns
(b) Address 319 N. Quincy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~March~~ April 1, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.
19. (a) 3-30-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1943 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Mar 24, 1943 to Mar 29, 1943
that I last saw her alive on Mar 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	4 Day
Due to Gallbladder Opak for Stones	6 Day
Due to Gallstones 126	7 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hypostatic Pneumonia

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 R L St Clair D (M. D. or other)
Address 5242 St John Date signed

(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. O H Blackmore

Licensed Embalmer No. 2244

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.