

FILED AUG 6 1943 149

Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community 28 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Burns
3. (b) If veteran, name war No
3. (c) Social Security No. 487-03-8247

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mr. Judd Burns
6. (c) Age of husband or wife if alive 1876 years
7. Birth date of deceased: November 23 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 20 Days 7
If less than one day hr. _____ min. _____

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Curtain Presser

11. Industry or business Home Rug

MOTHER FATHER {
12. Name Unknown Whetzel
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Ohara
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Burns
(b) Address 6904 Kensington

17. (a) Burial (b) Date thereof July 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 7-19-43 (b) J. E. Brown
(Date received by registrar) (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. 6904 Kensington Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18th
year 1943 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from July 6 1943, to July 18 1943
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia
Due to Benign Nephrosclerosis
Other conditions: 131a
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature A. E. Washer (M. D. or other) M.D.
Address 23rd May Date signed 7/18/43

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. C. Newcome Jr

Licensed Embalmer No.....

4043

P. O. Address.....

A. C. Newcome Jr

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.