

FILED NOV 19 1943
 Registration District No. 199

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4822 HARRISON STREET
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 33 YEARS (Specify whether 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. 4822 HARRISON STREET
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR. PAUL VEIN BURGESS
 (b) If veteran, name war NO
 (c) Social Security No. 495-03-5272

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 4TH
 year 1943 hour 11 minute A. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, WIDOWED
 (b) Name of husband or wife MRS. DOVE A. BURGESS
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased DECEMBER 30 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 8 - 1943
 to Nov 4 1943
 that I last saw him alive on Oct 28 1943
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>68</u> | <u>10</u> | <u>54</u> | hr. _____ min. |

Immediate cause of death Coronary occlusion Duration minutes
 Due to Arterio-sclerosis 2 yrs
 Due to Diabetes 6 yrs
 Other conditions 61
(Include pregnancy within 3 months of death)

9. Birthplace HUMBOLDT NEBRASKA
(City, town, or county) (State or foreign country)
 10. Usual occupation RAILWAY OPERATOR
 11. Industry or business K.C. PUBLIC SERVICE COMPANY
 12. Name BIRK BURGESS
 13. Birthplace BEARDSTOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)
 14. Maiden name SARAH SHRADER
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant MR. JEWELL V. BURGESS
 (b) Address 3609 STATE LINE
 17. (a) BURIAL (b) Date thereof NOV-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LOVE JACK, MISSOURI
 18. (a) Signature of funeral director D. W. Newcomer's Son
 (b) Address 1401 BRUSH CREEK BLYD.
 19. (a) 11-6-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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 P. B. Wallace (M. D. or other)
 Address Lathrop Bldg Date signed 11-5-43

361

703 Parkway Bldg. (10th + Grand)
1-6:30

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 Emile M. Calhoun
Licensed Embalmer No. 2506
P. O. Address Kem

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.