

FILED JUN 3 1944
1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2254

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:
1126 Fremont /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1126 Fremont
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME ALEXANDER CAMPBELL McBURNEY

3. (b) If veteran, name war No (c) Social Security No. None

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased April 8, 1856 (Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Galesburg, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Self

MOTHER FATHER { 12. Name Wm. McBurney
13. Birthplace Glasgow Scotland 4 (City, town, or county) (State or foreign country)
14. Maiden name June McBernie
15. Birthplace Glasgow Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant John McBurney (b) Address 6225 Peery

17. (a) Burial (b) Date thereof May 26, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Kansas City, Mo.
(b) Address

19. (a) 5-25-44 (b) N. C. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1944 hour 9 minute A M.
21. I hereby certify that I attended the deceased from May 22 1944 to May 24 1944 that I last saw h alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 1/2 day

Due to Cardio-vascular disease
Due to Age

Other conditions Chronic Nephritis 15 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations 13/15
Of autopsy _____

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) (e) Means of injury 7
23. Signature Herman Shablan (M. D. or other) P.O.
Address 3208 Independence Date signed 5-24-44

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

*Dr. H. H. Blackman
2nd. Ave. + Bunker*

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 *W. H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. E. 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.