

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20503
1944

State File No. _____
Registrar's No. 2657

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-14-44-6-23-44
(Specify whether
In this community 63 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 3707 E. 17th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EVANS BURGIN
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 31 1870
(Month) (Day) (Year)

8. AGE: Years Months Days .If less than one day
73 7 22 23 hr. min.

9. Birthplace Madison Co Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER
12. Name William Burgin
13. Birthplace W. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Jones
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Highland Cem. Date thereof 6-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director W. C. Brown

(b) Address _____

19. (a) 6-26-44 (b) W. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 10:35 minute 4 M.

21. I hereby certify that I attended the deceased from June 14
1944 to June 23 1944;
that I last saw h. im alive on June 23 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular accident Duration _____

Due to Hypertensive type heart disease with decompensation

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 cl.

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature W. C. Brown (M.D. or other) _____

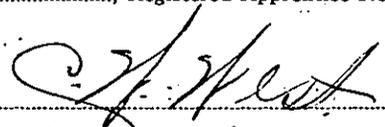
Address Gen. Hosp. #2 600 E. 22nd Date signed 6/26/44

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

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..... 

Licensed Embalmer No. 2710

P. O. Address 15. @ 220

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.