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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2705**

FILED JUL 8 1944
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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **since 6-21-44**
(Specify whether years, months or days) **6 years,**

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. **145 So. Spruce**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME

Larry G. Burns

3. (b) If veteran, name war **no.**
3. (c) Social Security No. **063-12-9478**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27th**
1944 hour **12:03** minute **P.** M.

21. I hereby certify that I attended the deceased from **19** to **19**
that I last saw h. **Deputy Coroner** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **21** years
7. Birth date of deceased **January 27 1917**
(Month) (Day) (Year)

Immediate cause of death **Shock**
Due to **Skull Fracture**
Due to **Auto Trauma**
(Fall from truck)
Other conditions (Include pregnancy within 3 months of death) **1706-15**

8. AGE: Years **27** Months **5** Days **0**
If less than one day hr. min.

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employee**

11. Industry or business **Whiteway Truck Co.**

MOTHER FATHER
12. Name **Grover C. Burns**
13. Birthplace **New Hampshire**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Conahue**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Major findings: Of operations **1706-15**
Of autopsy **See Above**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Wilda Burns**

(b) Address **145 So. Spruce, Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-1-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills cem**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gilham Plaza, K. C. Mo.**

19. (a) **6-29-44** (b) **N. C. 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) **Accident 123**
(b) Date of occurrence **June 22, 1944**
(c) Where did injury occur? **Kansas City Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Yes** (Specify type of place) **Trauma**
(e) Means of injury **Auto**
23. Signature **A. G. Upsher** (M. D. or other) **M. D.**
R. S. McLoey Date signed **6/27/44**
Address _____

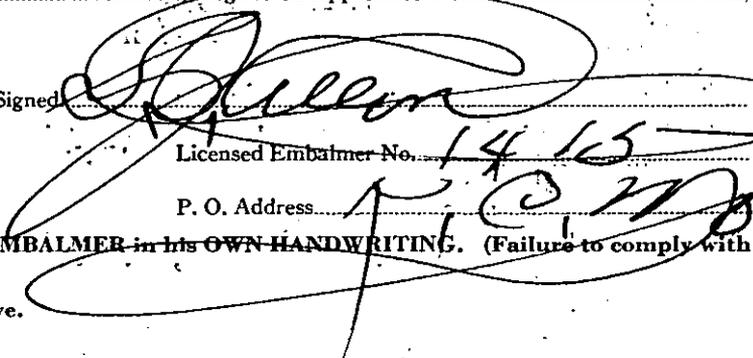
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36/

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. 1415

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.