No. 2
-8-43
17-39
X37823

USE OVERLEADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21068

Registration District No. 72 | Primary Registration District No. 1600 | Registrar's No. 637

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 South 16th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 404 South 16th 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: SOJNIA KAY BURNS

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: female 2

5. Color or race: colored 0

6. (a) Single, widowed, married or divorced: single 3

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: June (Month) 24 (Day) 1944 (Year)

8. AGE: Years ____ Months ____ Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Child,

11. Industry or business ____

FATHER
12. Name: Otis W. Burns
13. Birthplace: Savannah (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name: Maxine Thompson
15. Birthplace: Savetha (City, town, or county) 1 Kansas (State or foreign country)

16. (a) Informant: Mrs. Otis W. Burns
(b) Address: 404 South 16th

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 6/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Sabetha, Kansas

18. (a) Signature of funeral director: Heaton Bethle N Bowman
(b) Address: 319 South 10th

19. (a) 6/27/44 (Date received local registrar) (b) Helen A Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 24 June, 1944, to 26 June, 1944; that I last saw her alive on 26 June, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Insufficiency	2Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 0
Of autopsy: 0

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): None
(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)
While at work? ____ (e) Means of injury ____

23. Signature: [illegible] (M. D. or other)
Address: St. Joseph, Mo Date signed: 27 June 1944

1377

(Licensed Embalmer's Statement on Reverse Side)

Dr. E. Y. Strawn
1968 Messanie

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 Frank H. Bowm

Licensed Embalmer No. 1710

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.