

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

AUG 23 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3267

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:  
511 Delaware Street, 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.  
(Specify whether years, months or days)

In this community 20 years,  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 40

(c) City or town Kansas City, 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Delaware 5  
(If rural, give location)

(e) Citizen of foreign country? no. 8  
(Yes or No)

If yes, name country x U

3. (a) PRINT FULL NAME Anthony John Burvenich

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 4 unknown

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March 24 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	13	hr. min.

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

10. Usual occupation Retired

11. Industry or business X

12. Name John Burvenich

13. Birthplace unknown, 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hirschl

15. Birthplace unknown, 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie B. Wilson,

(b) Address 3544 Paseo, Kansas City, Missouri

17. (a) Burial (b) Date thereof 8-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri,

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-9-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th  
year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19...  
that I last saw him alive on \_\_\_\_\_, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Chronic myocardial infarction

Due to \_\_\_\_\_

Other conditions 940  
(Include pregnancy within 3 months of death)

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)

(d) Means of injury \_\_\_\_\_

23. Signature A. E. Washer (M. D. or other) M. D.

Address 23rd & The City Date signed 8/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4838

361

APR 27 1958

2958-2M

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

*[Handwritten Signature]*

Licensed Embalmer No. 1415

P. O. Address *[Handwritten: F. C. W.]*

**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.**