

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4595

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: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 Days  
(Specify whether in this community years, months or days) 53 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 534 Main  
(If rural, give location)  
 (e) Citizen of foreign country? (?) (Yes or No)  
If yes, name country (?)

3. (a) PRINT FULL NAME Joseph Eugene Burns

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Erma Burns 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased (Month) 12 (Day) 30 (Year) 1890

8. AGE: Years 53 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Trader At Stock Yards

11. Industry or business

MOTHER FATHER } 12. Name William Burns  
 13. Birthplace Ky. (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Haverty  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Miss Connie J. Burns  
 (b) Address 1217 Linwood Blvd.

17. (a) Burial (b) Date thereof 11 15 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918-920 Brooklyn

19. (a) 11-15-44 (b) T. E. Brown (193)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1944 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct. 31 1944 to Nov. 13 1944  
 that I last saw him alive on Nov. 13 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pulmonary fibrosis-Cardiac decompensation Duration

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

Other conditions: 95C<sup>2</sup>  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

While at work? (Specify type of place) (c) Mode of injury

23. Signature A. E. Weber (M. D. or other) MD  
 Address Med. Dir. Gen'l Hosp. Date signed 11-15-44

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.....

*J. V. Herrick*

Licensed Embalmer No..... *3599*.....

P. O. Address..... *K. P. Me*.....

**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.**