

S. No. 2
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5-17-39
P-1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40010**
Registrar's No. **5175**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2700 Tracy Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 4
(Specify whether years, months or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Custer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Burns
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 19
year 1944 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from Nov 12
1944 to Dec 19 1944

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased (Month) 6 (Day) 18 (Year) 1957

that I last saw h... alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary artery
left renal stone foot 6 weeks

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>6</u>	<u>11</u>	hr. <u>9</u> min.

Due to Generalized Arteriosclerosis years
Due to _____

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Day Laborer

Other conditions Paraplegia 5 yrs
(Include pregnancy within 3 months of death) 1/3

11. Industry or business _____
12. Name Elisha C. Levering
13. Birthplace Philadelphia Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Briggs
15. Birthplace Philadelphia Penn.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. B. Greening
(b) Address 4604 Blvd. N.K.C. Kans.
17. (a) Removal (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roanoke Missouri

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? _____

18. (a) Signature of funeral director Daniel Burns
(b) Address 644 Kansas City, Mo.
19. (a) 12-20-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury 1
23. Signature Bertha Greening (M. D. or other) _____
Address 4 Maryo Camp Date signed 12-19-44

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

MOTHER FATHER

Dr. Brown

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.

Harold L. Echterman
Signed.....

Licensed Embalmer No. *3075*

P. O. Address *1900 Central Ave,
Kansas City, Mo.*

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.