

FILED FEB 6 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 232

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:  
3918 Walnut  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 9 years years, months or days)

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.")  
 (d) Street No. 3918 Walnut 8  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE ELLIS BURNS

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No Information 6. (c) Age of husband or wife if alive \*\*\*\*\* years

7. Birth date of deceased January 2, 1886  
(Month) (Day) (Year)

8. AGE:	Years <u>59</u>	Months <u>0</u>	Days <u>12</u>	If less than one day hr. _____ min. _____
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9. Birthplace Petersburg Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Sparks Hamburger Stands

MOTHER FATHER

12. Name Robert N. Burns

13. Birthplace Fleming Co. Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary H. Brewer

15. Birthplace Petersburg Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Burns

(b) Address 3918 Walnut K.C. Mo.

17. (a) Removal (b) Date thereof 1-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Polo, Missouri

18. (a) Signature of funeral director Geo. H. Long

(b) Address Kansas City, Kansas

19. (a) 1-16-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14  
 year 1945 hour 6:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 27th. 1944 to January 14 1945  
 that I last saw him alive on January 14 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Chronic Myocarditis

Due to Chronic Nephritis

Other conditions Bronchial asthma and Chronic Arthritis  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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) (Means of injury)  
 23. Signature Dr. D. E. Brown (M. D. or other)  
 Address 2301 Summit, K.C. Mo. Date signed 1.16.45

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

La. De Soto

Geo. Long  
DR 0250

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**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.....

Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address Kansas City, K.

**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.**