

FILED JUL 30 1945

Registration District No. _____

Primary Registration District No. **1002**

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:
3829 Campbell,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
In this community **3 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 4R**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3829 Campbell,**
(If rural, give location)
(e) Citizen of foreign country? **no.**
If yes, name country **x**

3. (a) PRINT FULL NAME **William Burnham**

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, **widowed,**
6. (b) Name of husband or wife **Martha Burnham** 6. (c) Age of husband or wife if alive, **dec.** years
7. Birth date of deceased **October 18 1859**
(Month) (Day) (Year)

8. AGE: Years **85** Months **9** Days **1** If less than one day **hr. min.**

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

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER FATHER { 12. Name **Robert E. Burnham**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Green**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Dorothy Burnham,**
(b) Address **3829 Campbell, Kansas City, Mo.**
17. (a) **Burial** (b) Date thereof **7-21-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **7-20-45** (b) **Heraldine Holman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 19** day **July**
year **1945** hour **4:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 6,**
19 45 to **July 19,** **19 45**
that I last saw him alive on **July 18,** **19 45**
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia
Chr Glomerular nephritis
Due to **Hypertension**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **130**

Major findings: Of operations _____
Of autopsy _____
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) Means of injury _____
23. Signature **George C. Bee** (M. D. or other) _____
Address **1630 P. of Edg.** Date signed **7/20/45**

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

15
3
8

Dr. George Lee

*Dr. George Lee
Dr. Hill 5-*

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 *Robert H Reed*
Licensed Embalmer No. *3745-*
P. O. Address *He 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.