

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1226****FILED** JAN 26 1946

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

Primary Registration District No. 1002Registrar's No. 70

## 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: St Joseph's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 10 Days  
3 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rudolph J. Burns3. (b) If veteran, name war Yes World War 1 3. (c) Social Security No. 509-03-47764. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife MRS Clara J. Burns 6. (c) Age of husband or wife if alive 46 yrs7. Birth date of deceased: Oct 15 1892  
(Month) (Day) (Year)8. AGE: Years 52 53 52 Months 2 Days 20 If less than one day hr. min.9. Birthplace Horton Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation Car Salesman11. Industry or business Kritzler Motor Co-K.C.Kan12. Name Joseph Burns13. Birthplace Bardgetown Kentucky  
(City, town, or county) (State or foreign country)14. Maiden name Johan Whalen15. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Clara J. Burns(b) Address 4207 Baltimore17. (a) Burial (b) Date thereof Jan 8 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lenexa Kansas18. (a) Signature of funeral director Dwight and Robin(b) Address 20 West Linwood19. (a) 1-7-46 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

## 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. 4207 Baltimore  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 5 year 1946 hour 5 minute 25 P.M.21. I hereby certify that I attended the deceased from December 26, 1945 to Jan 5 - 46  
that I last saw him alive on Jan 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

hepatitis chronic  
hypertension  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations: noneOf autopsy: none

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)  
(a) Means of injury D23. Signature Walter Williams (M. D. or other) \_\_\_\_\_Address 836 Bay St Date signed \_\_\_\_\_

361 (Licensed Embalmer's Statement on Reverse Side)

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

866

MOTHER, FATHER

JAN 29 1946

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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..... *Maudie Adair* .....

Licensed Embalmer No. *4016* .....

P. O. Address *20 W. Lincoln* .....

**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.**