

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 672

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: 1030 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1030 Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jessie Lee Burns

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-10-3359

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 year 1946 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 18 - 1890
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to status return

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 55 Months 5 Days 20 If less than one day _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy sw healing + impaction

9. Birthplace Excelsior Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Lab -

11. Industry or business Rubon Co

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)

(e) Means of injury _____

MOTHER FATHER

12. Name John Wesley Burne

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Molly Walker

15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. J. [unclear]

(b) Address 1030 Jefferson

17. (a) Burial (b) Date thereof 7-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director [unclear]

(b) Address 1030 Jefferson

19. (a) 2-9-46 (b) [unclear]
(Date received of local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature [unclear] (M. D. or other) _____
Address 1424 [unclear] Date signed 1-8-46

4523
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 *Deen B. Sautman*

Licensed Embalmer No. *4273*

P. O. Address *Kc 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.