

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16565**
Registrar's No. **2459**

FILED MAY 27 1946

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2459**

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 mo. 11 days**
(Specify whether years, months or days)

In this community **50 YEARS**

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. **6808 Monroe**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **John Burgess**

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

3. (c) Social Security No. **none**

4. Sex **MALE** **5. Color or race** **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MRS. UNKNOWN BURGESS**

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

7. Birth date of deceased: **JULY 12 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	28 27	hr. min.

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

10. Usual occupation **RETIRED**

11. Industry or business **PAINTER**

12. Name **JAMES W. BURGESS**

13. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET BENSON**

15. Birthplace **OHIO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed. Schlatter**

(b) Address **6700 Cleveland**

17. (a) BURIAL **(b) Date thereof** **MAY 13 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) 5-13-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9**
year **1946** hour **10** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **March 29**, 19**46** to **May 9**, 19**46**,
that I last saw him alive on **May 9**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

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

Major findings: _____
Of operations _____

Of 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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Wm W Hart, M.D.** (M. D. or other)
Address **Med. Dir. Gen'l Hosp.** **5-10-46**
Date signed _____

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

15447

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address 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.