S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

25886

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27044

FILED SEP 19 1946

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3707

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:
2544 Jefferson St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 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. 2544 Jefferson 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME SAMUEL A. BURLINGAME

3. (b) If veteran, name war No

3. (c) Social Security No. 714-05-7479

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mrs Hazel Burlingame

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April (Month) 20 (Day) 1885 (Year)

8. AGE: Years 61 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Tractor Driver

11. Industry or business Railway Express

FATHER
12. Name Al Burlingame
13. Birthplace Unknown (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Emma O'Kinny
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Stella R. Moore
(b) Address St Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Au g 31, 46 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd, K.C. Mo

19. (a) 8-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1946 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from April, 1946 to August 27, 1946
that I last saw him alive on Aug. 27, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to Chronic Rheumatic Heart Disease with Mitral Stenosis	
Due to Chronic Auricular Fibrillation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 b	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. L. Douglas (M. D. or other)
Address 315 Alameda Rd Date signed 8-28-46
KCMO

(Licensed Embalmer's Statement on Reverse Side)

315 Plan. Da Rd
Va-6947

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 Dean Cole, Registered Apprentice No. 408, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2999

P. O. Address KC

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.