

**FILED SEP 30 1946**

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2123 S 15th  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John W Burns

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 1946 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 19/18/46 1946 to 9/22/46 1946  
that I last saw him alive on 9/22/46 1946  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Miss Mary June

6. (c) Age of husband or wife if alive not stated years

7. Birth date of deceased: June 23 1877  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis 4 days

8. AGE: Years 74 Months 2 Days 29 If less than one day hr. min.

Due to .....

Due to .....

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

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

10. Usual occupation Blacksmith

Major findings: Of operations 107

Of autopsy .....

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business .....

12. Name John Burns

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

14. Maiden name Elizabeth O'Leary

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

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 .....

16. (a) Informant Mr. Jno. Givins

(b) Address 2123 S 15th St. Joseph

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St. Joseph Mo.

19. (a) Sept. 26, 1946 (Date received local registrar)

(b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other)

Address St. Joseph Mo. Date signed 9/22/46

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 *Robert L. Keph* .....,  
Licensed Embalmer No. *3308* .....,  
P. O. Address *St Joseph, 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.**