

**FILED JUN 9 1947**  
1949

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

**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:  
**1921 KENSINGTON AVENUE**  
(If not in hospital or institution, write street number or location)

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

In this community **5 MONTHS**  
years, months or days

**3. (a) PRINT FULL NAME** **MR. WILLIAM CALVERY BURNS**

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

3. (c) Social Security No. **509-20-1015**

4. Sex **MALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MRS. NANCY BURNS**

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

7. Birth date of deceased **JUNE 14 1869**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
77	11	12	hr. _____ min.

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

**10. Usual occupation** **RETIRED**

**11. Industry or business** **FARMER**

**12. Name** **ANDREW JACKSON BURNS**

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

**14. Maiden name** **MAIRA MANRING**

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

**16. (a) Informant** **MRS. GLENN MILLER**

**(b) Address** **1921 KENSINGTON AVENUE**

**17. (a) BURIAL** (Burial, cremation, or removal) **LIBERTY CEMETERY** (Date) **MAY 28 1947**

**(c) Place: burial or crematorium** **WARRENBURG, MISSOURI**

**18. (a) Signature of funeral director** **D. H. Deacon**

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

**19. (a) 5-28-47** (Date received local registrar) **(b) Geraldine Holmes** (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. **1921 KENSINGTON AVENUE**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **MAY** day **26<sup>TH</sup>**  
year **1947** hour **2** minute **15 P.** M.

**21. I hereby certify that I attended the deceased from** **May 23 1947** to **May 26 1947**  
and that death occurred on the date and hour stated above.

That I last saw him alive on **May 26 1947**

Immediate cause of death **Cerebral hemorrhage**

Duration **3 day**

Due to **old age**

Due to \_\_\_\_\_

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

**PHYSICIAN**

Major findings:  
Of operations **g. v.**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

**23. Signature** **J. J. Hammond** (M.D. or other)

**Address** **1103 Grand** **Date signed** **5/27/47**

236 Professional Bldg  
2-5

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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 Bernard L. Horan  
Licensed Embalmer No. 4250  
P. O. Address HC 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.**