

FILED AUG 7 1947

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **3093**

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:
827 W 39th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 28 years
years, months or days)

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. 827 W. 39th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Sidney Eliza Beth Burns

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Patrick Henry 6. (c) Age of husband or wife if alive 22 years (Month) Oct (Day) 22 (Year) 1879

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>0</u>	hr. min.

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

10. Usual occupation At Home

MOTHER FATHER
 11. Industry or business.....
 12. Name Hugh Mc Ginty
 13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Bridget Callahan
 15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Edward P. Burns
(b) Address 827 W. 39 St.

17. (a) Burial (b) Date thereof 7-25-1947
(Burial, entombment, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Daniel P. Ross
(b) Address 114 Kansas Ave. N. C. Kansas

19. (a) 7-23-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22
year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-15 to 7-22, 1947
that I last saw h. alive on 7-22-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to.....

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

Major findings: Of operations.....
Of autopsy.....

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 Don Gentry (M. D. or other).....
Address 500 1st St. N. C. Kansas Date signed 7-23-47

PHYSICIAN
 Duration 7 days
 Underline the cause to which death should be charged statistically.

Don Corie - Burt 3717 Reimburse
Lv 1153
Prig King after

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..... *H. H. Ammon*

Licensed Embalmer No. *3903*

P. O. Address..... *K C K*

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.