No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27611

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3556

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 2734 INDIANA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 36 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. 2734 INDIANA 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. CHARLES EDWARD BURY
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 MARRIED
6. (b) Name of husband or wife EDITH BURY
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased MARCH (Month) 28 (Day) 1877 (Year)

8. AGE: Years 70 Months 4 Days ~~20~~ 21 If less than one day hr. min.

9. Birthplace ENGLAND 4
(City, town, or county) (State or foreign country)
10. Usual occupation 6 Yrs RETIRED CLAIM ADJUSTER
11. Industry or business WILLIAM VOLKER CO

FATHER
12. Name THOMAS BURY
13. Birthplace HASLINGDON ENGLAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name THOMAS BURY 4
15. Birthplace MANCHESTER ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant NORAH BURY
(b) Address 2734 INDIANA AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 8-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 18th year 1947 hour 5 minute 10 P M.
21. I hereby certify that I attended the deceased from Sept 29, 1938, 19 to 8-18, 1947, that I last saw him alive on 8-17, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral arterio Sclerosis	
Due to	
Due to	
Other conditions Emaciation, Bed sores etc (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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PHYSICIAN
Underline the cause of 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 W. A. Myers MD (M. D. or other)
Address 1115 Grand Ave Date signed 8-19-47
Kansas City Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Wiews

Licensed Embalmer No. 4453

P. O. Address 75 Amsas City

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.