S. No. 2
A—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41596

FILED DEC 26 1948 /49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 5202

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks, 1 day (Specify whether years, months or days)
In this community 35 years

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.: 4617 E. 7th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: William N. BURGE
3. (b) If veteran, name war: no
3. (c) Social Security No.: 496-07-2549
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dorothy Burge
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: February 14, 1896 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	9	26	hr. min.

9. Birthplace: Holiday, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Meat Cutter
11. Industry or business: Wilhite Market
MOTHER FATHER
12. Name: Harry E. Burge
13. Birthplace: Stubenville, (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Laura M. King
15. Birthplace: Monroe County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Dorothy Burge
(b) Address: 4617 E. 7th St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 12-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 10
year 1947 hour 3 minute 50 P. M.
21. I hereby certify that I attended the deceased from ..... to ..... 19.....; that I last saw the deceased alive on ..... 19.....; and that death occurred on the date and hour stated above.

Pathologist

Immediate cause of death	Duration
Uremia	
Due to: Congenital Cystic Disease of Kidneys & Liver	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 32	
Of autopsy: Above	

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
23. Signature: [illegible] (M. D. or other)
Address: St. Joseph Hospital Date signed 11 Dec 47

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 Thomas Harter, Registered Apprentice No. 500, working under my personal supervision.

Signed J H Pryor

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.