. 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 MAR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8614
Registrar's No. 986

Registration District No. 749
Primary Registration District No. 1002

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: General Hospital #1, enroute 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3524 Guinotte St.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTIN MERIL BURSLEY
3. (b) If veteran, name war No
3. (c) Social Security No. 331-10-3950
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roseane Renner Bursley
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased 12/9/1905 (Month) (Day) (Year)

8. AGE: Years 42 | Months 2 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Pleasant Valley, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Press operator
11. Industry or business Corn Prods Co.
FATHER
12. Name Ira Bursley
13. Birthplace Ames, Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Olive Adeline Willis
15. Birthplace Thompson, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Roseane Brusley
(b) Address 3524 Guinotte St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cemetery
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 3-3-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 1948 hour 10 50 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of Right Chest	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 166	
Major findings: Of operations	
Of autopsy yes as 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) Homicide
(b) Date of occurrence 2-28-48
(c) Where did injury occur? K C Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place) 3
While at work? no (e) Means of injury 22 Rifle
23. Signature James Walker (M. D. ~~or other~~) Coroner
Address 1424 Pr Pl Date signed 3-3-48

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 Charles E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed John P. Shiel

Licensed Embalmer No. 3625

P. O. Address K. C. 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.