

S. No. 300
OM-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12470
Registrar's No. 1481

Registration District No. 789

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:
4212 SOUTH BENTON BLVD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution: —
(Specify whether)
In this community 29 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. 4212 SOUTH BENTON BLVD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3: (a) PRINT FULL NAME MRS. BERTHA ANN BURNS
(b) If veteran, name war NO
(c) Social Security No. NONE
(d) Sex FEMALE (e) Color or race WHITE
(f) (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MR. ROYAL P. BURNS
(c) Age of husband or wife if alive 72 years
(d) Birth date of deceased OCTOBER 13 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 2ND
year 1948 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 18 Nov.
1947 to 2 April 1948
that I last saw her alive on 2 April 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Duration ?
stomach

8. AGE: Years Months Days If less than one day
67 5 19 hr. min.

9. Birthplace PEORIA ILLINOIS 1
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
12. Name JOHN W. SCHRIEBER 1
13. Birthplace GERMANY 1
(City, town, or county) (State or foreign country)
14. Maiden name MINERVA RUNKELS
15. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 40 f.
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Royal P. Burnas
(b) Address 4212 South Benton Blvd
17. (a) REMOVAL (b) Date thereof APRIL 5 1948
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation SPRINGDALE CEMETERY PEORIA, ILLINOIS
18. (a) Signature of funeral director O. N. Newcome's Sons
(b) Address 1401 BRUSH CREEK BLD.
19. (a) 4-5-48 (b) Altrudine Holmes
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
23. Signature Robert M. Myers (M. D. or other) M.D.
Address 1025 Rialto Bldg Date signed 4-5-48

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

18
3
8

18
3
8
D

MOTHER FATHER

11-1-30 10:30 a.m.
Paula Bell

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. Drews
Licensed Embalmer No. 4453
P. O. Address Kansas 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.