

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12473
Registrar's No. 1969

FILED MAY 15 1948
Registration District No. 149

Primary Registration District No. 1002

48
3
8

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:
6112 WABASH AVENUE 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 2 YEARS
years, months or days

3. (a) PRINT FULL NAME MR. WALLACE EDWIN BURROUGHS

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 WIDOWED

6. (b) Name of husband or wife MRS. HAZEL BURROUGHS

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST - 1 - 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace LYNN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CLOTHING SALESMAN

11. Industry or business RIVERSIDE TAILORING CO. CINCINNATI

12. Name ROBERT A. BURROUGHS

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MATTIE TERRY

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JANET BURROUGHS MCGEE

(b) Address 6112 WABASH AVENUE

17. (a) REMOVAL (b) Date thereof MAY 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTICELLO ARKANSAS

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 5-8-48 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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. 6112 WABASH AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7TH
year 1948 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3-12-48 to 5-7-48, 1948
that I last saw him alive on 5-5-48 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Acute exacerbation of above condition

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

Major findings: 170 W

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. H. Newcomer (Funeral Director)
Address 3850 Republic Date signed 5-7-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Kansas City, Mo

2:30.6
3850 Prospect
W. Street
Cincinnati

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: Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.