S. No. 300
M—10-47
y. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26173
Registrar's No. 3278

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: 2022 Belleview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 31 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. 2022 Belleview 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Paul Burch
3. (b) If veteran, name war No
3. (c) Social Security No. 496-09-9776
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March 6, 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	31	5	5	hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Roy Burch
13. Birthplace Venida, Oklahoma 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Rosetta Harris
(b) Address 2022 Belleview
17. (a) Burial (b) Date thereof 8/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery
18. (a) Signature of funeral director Hatkins Bros.
(b) Address 1729 Lydia Ave.
19. (a) 8-13-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 11
year 1948 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from 10 November, 1947, to 11 August, 1948
that I last saw him alive on 8 August, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Congestive Heart Failure	½ hr
Due to Rheumatic Heart Disease	several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
95

PHYSICIAN
Underline the cause to 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 George H. Daft (M. D. or other)
Address 2123 E 15th St Date signed 12 Aug 48

(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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.