No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1949

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40047

Registrar's No. 5249

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/26/48 2:20 AM (Specify whether In this community 12-26-48 9:05 AM years, months or days) 6 hours

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. 8504 Wilson Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Girl Burri (New Born)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 December (Month) 26 (Day) 1948 (Year)

8. AGE: Years N.B. Months Days If less than one day 6 hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business -

FATHER
12. Name Edward C. Burri
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dorothy Guyot
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Edward C. Burri
(b) Address 8504 Wilson Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Forest Hill Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1948 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Dec 26/48, 19 to Dec 26, 19 48 that I last saw h~~er~~ alive on Dec 26, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Ablistosis
Due to Prematurity
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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 J. M. Kantor (M. D. or other) 28
Address 204 Argyle Date signed 28 Dec 1948

(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 Bernard L Lorain

Licensed Embalmer No. 7250

P. O. Address N 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.