

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8292**
Registrar's No. **1079**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 1409 East 35th Street	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) M.	c. (Last) BURNS, Jr.	4. DATE OF DEATH (Month) (Day) (Year) March 5, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 8-5-1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James M. Burns, Sr.	13b. MOTHER'S MAIDEN NAME Julia E. Adams	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jas. M. Burns, Sr. ADDRESS 1409 E. 35th, KC, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous Hemorrhage from cerebral adenitis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr 8 days 12 days 089X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cervical adenitis Left		
	DUE TO (c) Mumps		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-29**, 1952, to **3-5**, 1952, that I last saw the deceased alive on **3-5**, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles J. Eldridge MD	23b. ADDRESS 6247 Brookside Blvd	23c. DATE SIGNED Mar. 7, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-7-52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
DATE REC'D BY LOCAL REG. 3-7-52	REGISTRAR'S SIGNATURE Deraldine Holmes	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Bylar ADDRESS Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

3008
0.

Dr. Eldridge

No. 4770

304 E. 24th Street

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

working under my personal supervision.

Student Embalmer No.

Signed

Glen E. Beck

Signed Student Embalmer

Licensed Embalmer No.

4063

P. O. Address

Kansas City, 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.