

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38158
 Do not use this space.

DEC 14 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1002 Registered No. 4392
 (c) City Kansas City, Mo. (d) Street No. Research 1000 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 6.53 Milford Keith Burnidge
 2. PRINT FULL NAME
 (a) Residence, No. 2009 Erie St. Nebr. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 4
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C., Mo
 FATHER
 13. NAME Milford Burnidge
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan
 MOTHER
 15. MAIDEN NAME Pauline Jeffres
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.
 17. INFORMANT (ADDRESS) Milford Burnidge
2009 Erie St. Nebr. Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Nov 11, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
North Kansas City, Mo
 20. FILED Nov 16, 1938 M. D. Snow
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1938
 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938 to Nov. 7, 1938
 I last saw him alive on Nov. 7, 1938 at 4 P. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Tumor of the meninges invading right frontal base
Sarcoma (malignant)
 Date of onset Sept 1938
 Other contributory causes of importance: SB
 Name of operation Cranotomy - excision tumor Date of 11-7-38
 What test confirmed diagnosis? Cephal Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury _____, 19____
 Where did injury occur? ✓ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 Also, specify Bank Teacher
 (Signed) _____, M. D.
 (Address) 730 Professional Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.