

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4894

JAN 13 1940

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:
5107 East 26th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community Unknown,
years, months or days)

3. (a) PRINT FULL NAME Mrs. Catherine Nora Burns,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Robert E. Burns, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 14 1869.
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business X

MOTHER FATHER { 12. Name John L. Baker,

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

14. Maiden name Nunnally,

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

16. (a) Informant's own signature Wm. J. Burns, Son

(b) Address 5107 East 26th St., K. C., Mo.

17. (a) Burial, (b) Date thereof 12-30-1939
(Burial, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery, Stine & McClure,

18. (a) Signature of funeral director

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 28, 1939 (b) M. M. Brown
(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. 5107 East 26th St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th,
year 1939 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from 17th
Dec, 1939, to 28th Dec, 1939,
that I last saw her alive on 27th Dec, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, chronic
Arteriosclerosis

Due to 131

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

Major findings:
Of operations No opns.

Of autopsy None

Duration

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) no
(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 H. P. Jones (M. D. or other)
Address 309 S. 10th Date signed 28 Dec 1939

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.

Dr. K. P. Jones,

11-30-34 EIC

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

J. B. Waters

Licensed Embalmer No. *3992*

P. O. Address *K. 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, above space should be left blank.