DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1421

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 406

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: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3721 Bales Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James J. BURNS. 652

3. (b) If veteran, name war --

3. (c) Social Security No. 486-03-9983

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Josephine Burns.

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Oct. (Month) 5th, (Day) 1886. (Year)

8. AGE: Years 53 | Months 3 | Days 21 | If less than one day _____ hr. _____ min.

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

10. Usual occupation Foreman Installation Dept.

11. Industry or business Southwestern Bell Tel. Co

FATHER
12. Name John Burns
13. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret McMenevin.
15. Birthplace _____ (City, town, or county) Vermont. (State or foreign country)

16. (a) Informant's own signature F. M. Burns.
(b) Address 3542 College Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) Jan. 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26 year 40 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/2/40, 19__, to 1/26/40, 19__; that I last saw him alive on 1/26/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	2 days
Due to Cancer of Lung	3 mos
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings: Of operations Cancer of Lung
Metastas of Pleurae
Of autopsy Cancer of Lung + Pleurae

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) None
(b) Date of occurrence None
(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 [illegible] (M. D. or other) 1/27/40
Address 600 Prof Bldg Kansas City Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X19511

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.