

No. 2
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5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9721
1155

State File No. _____
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

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:
414 West 68th Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years, months or days
In this community 60 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. George William Burns
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elsie Mae Burns 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased September 29 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Grocer

11. Industry or business _____
12. Name George Burns
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. Lee Burns
(b) Address 414 West 68 Street - City

17. (a) Burial (b) Date thereof March 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd. 3-14-40

19. (a) _____ (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. 414 West 68th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1st
Sept 1934 to March 13, 1940
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Duration 2 weeks

Due to CNS lesion Pulmonary Tbc 34 15 yrs
61 yrs

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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?

(Specify type of place)
While at work? _____ (c) Means of injury _____

23. Signature H. H. Charles (M. D. or other)
Address 1406 Bryant Blvd Date signed 3/14/40

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

NOV 17 1944

Bearns

1406 Bryant St.
12-3

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.....

Emile M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *15 E. 110*

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.