

0-2  
13-40  
7-39  
X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17140**  
Registrar's No. **1802**

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 **St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital of institution **4 Days**  
(Specify whether  
In this community **16 Days**  
years, months or days)

3. (a) PRINT FULL NAME **Mr. Robert Cardin Burriss**

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. Myrtle M. Burriss** 6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **July 9 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77 9 26** hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Mortgage & Banking**

MOTHER FATHER { 12. Name **Jesse Burriss**  
13. Birthplace **Davies County, Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jane Walker**  
15. Birthplace **Martin Co., Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Burriss**  
(b) Address **Lenexa, Kansas**

17. (a) **Burial** (b) Date thereof **May 7, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **May 19 1941** (b) **M. M. Brown**  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **California** (b) County **Los Angeles**  
(c) City or town **Los Angeles**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **832 South Grand Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5** th  
year **1941** hour **6** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **April 19**, 19**41**, to **May 5**, 19**41**;  
that I last saw him alive on **May 5**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Emphysema** 1 yr.  
**Chronic myocarditis** 1 yr.

Due to **92 R**  
Due to **92 H**  
Other conditions (Include pregnancy within 3 months of death) **92 H**

Major findings:  
Of operations  
Of autopsy **Chronic myocarditis**  
**Chronic Emphysema**

Duration  
1 yr.  
1 yr.  
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)  
(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 **B. V. Staff** (M. D. or other)  
Address **1100 W. 1st St.** Date signed **5/6/41**

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

Dr. B. V. Staj  
Argyle Bldg.  
12 Room

**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.....

*Ke mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**