. No. 2
-4-13-40
5-17-39
I X23159

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

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17313

Registration District No. 399 Primary Registration District No. 1602 Registrar's No. 1975

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: K.C.General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo. & 7 days (Specify whether

In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 5

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 3006 Kensington (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Otis Burris

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Mar. 1

6. (b) Name of husband or wife Mrs Nellie Burris

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

7. Birth date of deceased Aug (Month) 13th (Day) 1872 (Year)

8. AGE: Years 68 Months 9 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Samuel Burris
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Aley
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K C Gen Hospt

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Malvern Iowa

18. (a) Signature of funeral director Ray Mansfield
(b) Address Malvern Iowa

19. (a) May 20 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1941 hour 4 minute 15 A.M. M.

21. I hereby certify that I attended the deceased from 3-13-41, 19__, to 5-20-41, 19__; that I last saw him alive on 5-20-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lymphatic Leukemia	
Due to	
Due to 74a	
Other conditions (Include pregnancy within 3 months of death) 74b	

Major findings:
Of operations
Of autopsy See above

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)
(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? (e) Means of injury 0

23. Signature Drury R. Thorne (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address Ft. C. Kansas

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, fact should be so stated above.