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

FILLED JUN 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18064

Registration District No. 400 Primary Registration District No. 55 03 B Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Prairie Tpr
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 4 1 T

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

(d) Street No. 204 East Sea
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Walter Earl Burnes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced ✓ 9

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 3 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Burnes
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Woelk
15. Birthplace Larnnard Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant John Burnes
(b) Address 204 E. Sea Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) 6-5-41 (Date received local registrar) (b) Ira G. Burnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 3, 1941, to June 3, 1941 that I last saw him alive on June 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 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? 9 32 (Specify type of place)
While at work? (e) Means of injury

23. Signature J. O. Kennedy (M. D. or other) M.D.
Address Little Blue, Mo. Date signed 6/4/41

(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.....

Licensed Embalmer No. 2467

P. O. Address Independence, 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.