

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution:
4153 McGee,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community **42 years,**
years, months or days)

3. (a) PRINT FULL NAME **Miss Ammie Elizabeth Burgess,**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**

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

7. Birth date of deceased: **February 6 1886**
(Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **13** If less than one day hr. min.

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

10. Usual occupation **at home,**

11. Industry or business

12. Name **William Burgess,**

13. Birthplace **England,** (City, town, or county) (State or foreign country)

14. Maiden name **Annie Elizabeth Hollis,**

15. Birthplace **England,** (City, town, or county) (State or foreign country)

16. (a) Informant **Martha Burgess,**

(b) Address **4153 McGee, Kansas City, Mo.**

17. (a) **Removal,** (b) Date thereof **6- -41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crete, Nebraska.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **6/20/41** (b) **M. M. Crowe**
(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. **4153 McGee,**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19th**
year **1941** hour **7:05** minute **P.** M.

21. I hereby certify that I attended the deceased from **1941** to **June 19th, 1941**
that I last saw her alive on **June 19,** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinomatous general (left) carcinoma**
Due to **Primary breast**
Due to **50**

Other conditions (include pregnancy within 3 months of death) **50**

Major findings: Of operations **no**

Of autopsy **no**

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?

While at work (Specify type of place) (a) Means of injury

23. Signature **Dr. J. Lilly** (M. D. or other) Address **807 Arroyo Blvd, Mo** Date signed

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

048
3
8

048
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Dr. Terry Lilly
Argyle Bldg
K 9670

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.....

Willis H. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K. C. 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.