

Registration District No. 399

Primary Registration District No. 1002

Registrar's 2904

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kennett city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 325 So Oakwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Raymond Vincent Burns

3. (b) If veteran, name war V 3. (c) Social Security No. 495-03-2340

4. Sex Male 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: Jan 8 1914
(Month) (Day) (Year)

8. AGE: Years 27 Months 6 Days 22 If less than one day hr. min.

9. Birthplace: Kennett Mo
(City, town, or county) (State, or foreign country)

10. Usual occupation Electrical Engineer

11. Industry or business Electrical work

12. Name Patrick J Burns

13. Birthplace New York
(City, town, or county) (State, or foreign country)

14. Maiden name William Baird

15. Birthplace Ottawa Kansas
(City, town, or county) (State, or foreign country)

16. (a) Informant Patrick J Burns

(b) Address 325 So Oakwood

17. (a) Burial (b) Date thereof 8/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys
(d) Signature of funeral director Wm M Brown
(e) Address 87 2315
(f) Date received local registrar 8/1/41

361 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kennett city 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 325 So Oakwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30-41
year _____ hour _____ minute 4:30 P.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Pulmonary Edema

Due to Acute Hepatitis Pulchra

Due to 125B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Russell W Brown (M. D. or other) 3
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18314

MC

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.....

Roy E Snow

Licensed Embalmer No. *2560*

P. O. Address. *1807 E 29th*

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.