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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34098
Registrar's No. 4038

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: 2505 Chelsea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2505 Chelsea St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Ozena Ellen Burnham
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lloyd G. Burnham
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: May (Month) 18 (Day) 1849 (Year)
8. AGE: Years 92 Months 5 Days 10 If less than one day ___ hr. ___ min.
9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Same
FATHER
12. Name: John L. Neal
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sidney Bales
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Paul L. Burnham
(b) Address: 2505 Chelsea St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Rose & Henderson
(b) Address: 15th & Jackson St.
19. (a) 10/30/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1941 hour 12:10 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 1, 1932, to Oct 25, 1941; that I last saw her alive on Oct 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Circulatory collapse + Myocardial insufficiency	
Due to Senility 92 D	
Due to Chronic Pulmonary congestion Myxoedema	
Other conditions (Include pregnancy within 3 months of death) Anemia - Senile malnutrition - Interstitial insufficiency	

Major findings:
Of operations
Of autopsy

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

23. Signature: Richard C. Shelp D.O. (M. D. or other) 2
Address: 4009 Wornall Date signed: 10/29/41

(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 John B. Clay

Licensed Embalmer No. 296-5

P. O. Address K. C. Mo

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

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