

S. No. 2  
M-1-4-41  
v. 5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5233**  
Registrar's No. **446**

FILED MAR 9 1942  
Registration District No. **9 18429**

Primary Registration District No. **1002**

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

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 10**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. & 13 days**  
(Specify whether  
In this community **Unknown**  
years, months or days)

3. (a) PRINT FULL NAME **Harry Burris**

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

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

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

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **67.** Months **—** Days **—** If less than one day hr. min.

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

10. Usual occupation **Unknown**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Regis. Clerk**  
(Address) **C. G. Gun Hospital**

17. (a) Date of burial, cremation, or removal **State Aut. Burial** (b) Date thereof **- 5-7-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **State Aut. Burial**

18. (a) Signature of funeral director **John A. Johnson**  
(b) Address **15 C. G. Gun Hospital**

19. (a) **2-2-42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **217 Admiral** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8th**  
year **1942** hour **9 A.M.** minute **—** M.

21. I hereby certify that I attended the deceased from **11-26-41** 19... to **1-8-42** 19...  
that I last saw him alive on **1-8-42** 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of tonsil**  
Duration

Due to **45%**

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

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

23. Signature **Dr. J. R. Johnson** (M. D. or other)  
Address **Med. Dir. K.C. Gun Hospital** Date signed

**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.....

*Wm. A. Lohmeyer*

Licensed Embalmer No. *3089*

P. O. Address *150 No*

**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.**