

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-9-42-11-10-42  
(Specify whether years, months or days) 33 years

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. 1614 Olive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARGARET BURNS

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased June 8 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 12/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stattin Bros.  
(b) Address 1729 Lydia

19. (a) 11-30-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10  
year 1942 hour 6 minute 10 p.m.

21. I hereby certify that I attended the deceased from November 9 1942 to November 10 1942  
that I last saw her alive on November 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Duration

Due to Carcinoma of Esophagus

Due to 46a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy Same as above  
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) Means of injury

23. Signature Dr. Burnett (M. D. or other)  
Address 11-12-42 Date signed 11-12-42

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

**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..... *Joseph J. Manlove*.....  
Licensed Embalmer No..... *3994*.....  
P. O. Address..... *2503 Highland*.....

**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.**