

FILED DEC 7 1942

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Hours**  
In this community **17 Years**  
(Specify whether years, months or days)

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. **5602 Park Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: **---**

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mr. Clarence Edmund Burr**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **709-18-5758**

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

6. (b) Name of husband or wife **Mrs. Lena Burr**  
6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **September 12 1873**  
(Month) (Day) (Year)

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

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

10. Usual occupation **Engineer - Retired**

11. Industry or business **A-T-& Santa Fe R. R.**

12. Name **Francis Roderick Burr**

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

14. Maiden name **Esther Ann Hemingway**

15. Birthplace **Poughkeepsie, N.Y.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lena Burr**

(b) Address **5602 Park Avenue**

17. (a) **Burial** (b) Date thereof **Nov. 12, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **O. V. Newscomer, Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-18-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **November** day **17th**  
year **1942** hour **5** minute **50** A. M.

21. I hereby certify that I attended the deceased **Nov. 12**  
that I last saw him alive on **Nov 17**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Intestinal hemorrhage from weeks displaced vascul. of lower part of bow.**  
Due to **Dist. cirrhosis of lower part**  
Due to **1248**

Other conditions: **None**  
(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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature: **William M. Kothe** (M. D. or other) **MD**  
Address: **611 Professional Bldg** Date signed **11-17-42**

Duration  
Underline the cause to which death should be charged statistically.

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

C

Professional

**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..... *H. C. Newcomer Jr*.....  
Licensed Embalmer No..... *4043*.....  
P. O. Address..... *N. 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, fact should be so stated above.**