. S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

59591

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4711

**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:
4153 McGee, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 48 years,
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson, 48 3
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4153 McGee,
(If rural, give location)
(e) Citizen of foreign country? no, (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Annie Elizabeth Burgess,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 97

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife William Burgess,

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased April 24 1845
(Month) (Day) (Year)

8. AGE: Years 97 Months 7 Days ~~24~~ 23 If less than one day hr. min.

9. Birthplace England, 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John H. Hollier,
13. Birthplace England, 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Suzannah Salmon,
15. Birthplace England, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Burgess,
(b) Address 4153 McGee St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-42
(Month) (Day) (Year)
(c) Place: burial or cremation Crete, Nebraska,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 17th
year 1942 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from June 14, 1942, to Dec 17, 1942
that I last saw her alive on 12/17, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Circulatory failure | |
| Due to Cardio vascular disease | |
| Due to Senility 93D | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations none | |
| Of autopsy none | |

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 Lesy C. Lilly M.D. (M. D. or other)
Address 807 Argyle Bldg Date signed 12/17/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Terry Lilly

argyle

## 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.....

Licensed Embalmer No. 1416

P. O. Address.....

**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.**