

No. 2
M-2-43
5-17-39
X3967

13075

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1991

LED MAY 6 1943 / 49
District No. 1002

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:
3124 East 9th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 65 Years
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. 3124 East 9th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. Charles Wesley Burrill

3. (b) If veteran, name war Civil War

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Viancie Lattie Burrill

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

7. Birth date of deceased October 21 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>97</u>	<u>6</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Physician

MOTHER FATHER

12. Name John Burrill

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

14. Maiden name Mary Francie

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

16. (a) Informant Hugh R. Ennis

(b) Address 3124 East 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Gruch Creek Blvd.

19. (a) 4-28-43 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1920
19 _____ to Apr 9 1943 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Semibly

Due to _____

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 John L. Lepp (M. D. or other) MD

Address 1314 Professional Bldg Date signed Apr 28 1943

JUL 23 1943

JUL 22 1943

13/1-1-5
1943

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Ke 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.