

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

FILED JUN 7 1943 149

Registration District No.

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:
3609 Wabash Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 48 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Richard Edward Burgess

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

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

6. (b) Name of husband or wife Mrs. Mary E. Burgess 6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased. May 17 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 28 0 10 hr. min.

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

10. Usual occupation Employee - Retired

11. Industry or business International Harvester Co.

MOTHER FATHER { 12. Name John Burgess
13. Birthplace Iowa
14. Maiden name Abigail Atwater
15. Birthplace N. Y.

16. (a) Informant Mrs. Eda Mairly
(b) Address 3609 Wabash

17. (a) Burial (b) Date thereof 5-29-43
(c) Place: burial of Mt. Washington Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-28-43 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3609 Wabash Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 12 1943, to May 26 1943
that I last saw him alive on May 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 2 yrs

Due to Chronic nephritis about 10 yrs

Due to 131 B

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) (c) Means of injury ---

23. Signature E. W. Shurber (M. D. or other) ---
Address 900 Walnut Bldg. N. Mo Date signed 5-27-43

900 Health Bldg.
12-3

986

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. Colburn

Licensed Embalmer No. 3506

P. O. Address KC 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.