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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2135

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: 18 West 34th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX
In this community: 8 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 18 West 34th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: MRS. ALICE ELIZABETH BURGNER

3. (b) If veteran, name war: XX

3. (c) Social Security No.: No

4. Sex: Fe

5. Color or race: Wh

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

6. (b) Name of husband or wife: Edwin Burgner

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

7. Birth date of deceased: November (Month) 7 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 9 If less than one day: hr. min.

9. Birthplace: Shullsburg (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Joseph Allen Hardy
13. Birthplace: (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Emily Agnes Edstrom
15. Birthplace: Boston (City, town, or county) Mass. (State or foreign country)

16. (a) Informant: Mrs. Mary H. Tyree
(b) Address: 18 West 34th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5.17.44 (Month) (Day) (Year)
(c) Place: burial or cremation: Webb City, Mo.

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 5-17-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1944 hour 1: minute 50 P. M.

21. I hereby certify that I attended the deceased from Apr. 29, 1944 to May 16 1944 that I last saw h. alive on May 16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma G.I. tract with metastases to liver — Duration 4 yrs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 50
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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: Joseph A. Fogarty M. D. (M. D. or other) 40
Address: 462 W. 34th Kansas City, Mo. Date signed 5/17/44

(Licensed Embalmer's Statement on Reverse Side)

ME 9270

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.