No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16947

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2060

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Saint Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass 19
(c) City or town Pleasant Hill. Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Reuben Bentley Burr

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. none

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

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 22 (Day) 1874 (Year)

8. AGE: Years 69 ~~70~~ Months 6 Days ~~13~~ 18 If less than one day hr. min.

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

10. Usual occupation Mail carrier

11. Industry or business James H. Burr

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

MOTHER
14. Maiden name Lillian Huron
15. Birthplace (City, town, or county) Nova, Scotia. (State or foreign country)

16. (a) Informant Mrs Theo. Hitt Pleasant Hill, Mo.
(b) Address Burial

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. (a) 5-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 10 pm minute M.

21. I hereby certify that I attended the deceased from 5-1-44, 19 to 5-10-44, 19;
that I last saw him alive on 5-18-44, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	12 hrs
Due to Ca of stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca of stomach
Of autopsy Hypostatic Pneumonia

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 E. Kissons (M. D. ~~or other~~)
Address Plaza Med Bldg Date signed 5-12-44

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1944

JUN 27 1944

Phone Medical Bldg Co-3150

Res - We 8992

5301 Mohawk Lane

1230 Pm

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 By me 5-10-44, Registered Apprentice No. ..... working under ~~my~~ personal supervision.

Signed Allen W. Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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

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