V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29567

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3686

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: 3616 GLADSTONE BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 8 YEARS.

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. 3616 GLADSTONE BLVD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. LAURA HELEN BARBOUR BURNS

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. ANDREW J. BURNS.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST (Month) 18 (Day) 1851 (Year)

8. AGE: Years 94 Months 0 Days 15 If less than one day hr. min.

9. Birthplace TROY. OHIO
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business

MOTHER FATHER
12. Name LOWRY BARBOUR.
13. Birthplace TROY, OHIO
(City, town, or county) (State or foreign country)
14. Maiden name HETTESSA DANZELL
15. Birthplace TROY. OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS GEORGIA HELEN HARRELL
(b) Address 3616 GLADSTONE BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 9-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 3rd year 1945 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from May, 1939 to Sept 3, 1945 that I last saw h. alive on Sept 2, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to cerebral hemorrhage	6 days.
Due to arterial hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 630	
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 Dr. C. K. Edwards (M. D. or other)
Address 2603 Independence Blvd. Date signed 9-4-45

(Licensed Embalmer's Statement on Reverse Side)

2603 Independence

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 Elsear Hartley

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.