

FILED MAR 14 1946

STANDARD CERTIFICATE OF DEATH

State File No. 5968

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number and location) 0
(d) Length of stay: In hospital or institution 31 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Sugar Creek 2
(d) Street No. 11216 Morrell 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME JAMES H. BURNS

3. (b) If veteran, name war none 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 Matilda Burns 6. (c) Age of husband or wife if alive 1875 years

7. Birth date of deceased: September 9 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 25 If less than one day hr. min.

9. Birthplace: Texas County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Custodian Jackson County Court

11. Industry or business John Burns

12. Name John Burns 13. Birthplace Howell County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Melissa Turnbull 15. Birthplace Texas County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Twyla Stoddard (b) Address 11216 Morrell

17. (a) Burial (b) Date thereof 7-8-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Independence Missouri (b) Address 2-7-46

19. (a) James W. Ross (b) James W. Ross (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 4 day year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia.
Carcinoma of Stomach.

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

Major findings: Of operations: Abx

Of autopsy: See Above

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 work) (c) Means of injury MO
23. Signature A. E. Usher (M. D.) 1946
Address 2809 main Date signed 7/8/46

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

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4957

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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 *R. D. Lisle*.....

Licensed Embalmer No. 4123.....

P. O. Address *Independence, 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.