

No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16569**
Registrar's No. **2175**

FILED MAY 27 1946
Registration District No. **149** 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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)
In this community **Four 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. **1325 Bales**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jacklyn Kay Burris**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **14**
year **1946** hour **9** minute **25 AM**
21. I hereby certify that I attended the deceased from **May 10**, 19**46**, to **May 14**, 19**46**
that I last saw her alive on **May 14**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **Child**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **June 1st, 1939**
(Month) (Day) (Year)

Immediate cause of death: **Diphtheria -**
Due to _____
Due to _____
Other conditions: **10**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days
6 **11** **18**
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy **See above**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **School Girl**

MOTHER FATHER
11. Industry or business _____
12. Name **Richard Burris**
13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Waneta Schwindt**
15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Richard Burris**
(b) Address **1325 Bales Ave.**
17. (a) **Burial** (b) Date thereof **5/16/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Olpe Kansas**

While at work? _____ (Specify type of place)
(e) Manner of injury _____
23. Signature **Wm W Hart** (M. D. or other)
Address **Med. Dir. Gen'l Hosp.** Date signed **5-14-46**

18. (a) Signature of funeral director **Earp Funeral Home**
(b) Address **4139 East 15th, St.**
19. (a) **5-15-46** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE PREPARED PRINTING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. J. ...

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

John B. ...

Licensed Embalmer No. *29/515*

P. O. Address *H.C. ...*

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.