S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27045

FILED SEP 9 1946

Registration District No. 1499 Primary Registration District No. 1002 Registrar's No. 3685

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~~: ST JOSEPH. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 21 DAYS. (Specify whether
In this community 36 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2722 LISTER AVENUE X
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME HARRY F BURROUGHS

3. (b) If veteran, name war NO.

3. (c) Social Security No. 495-09-0484

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife MRS NINETTE BURROUGHS

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAY (Month) 13 (Day) 1883 (Year)

8. AGE: Years 63 Months 3 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace FRANKLIN COUNTY (City, town, or county) GEORGIA (State or foreign country)

10. Usual occupation MACHINE MAN

11. Industry or business KOCH BUTCHER SUPPLY CO

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

MOTHER
14. Maiden name KATHERINE SHIRLEY
15. Birthplace SOUTH CAROLINA (City, town, or county) (State or foreign country)

16. (a) Informant MRS. NINETTE BURROUGHS
(b) Address 2722 LISTER AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 27 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 25th year 1946 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from 4th Aug. 1946 to 26 Aug. 1946 that I last saw him alive on Aug 23rd 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Obstruction with infarction	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9/a	
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 Bert A. Poorman (M. D. or ~~other~~)
Address 919 Rialto Bld Date signed 8/26/46

(Licensed Embalmer's Statement on Reverse Side)

909 Rialto Bldg - 81 4 7 21
1-4

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 Worthey

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.