No. 2
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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

FILED OCT 7 1946

State File No. 30181

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3915

1. PLACE OF DEATH

(a) County Jackson

(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 3229 Thompson (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 39 yrs

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 3229 Thompson 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JAMES EDWARD BURGESS

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-4349

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hanna Elizabeth

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feburary (Month) 2 (Day) 1872 (Year)

8. AGE: Years 74 Months 7 Days ~~23~~ 12 If less than one day ____ hr. ____ min.

9. Birthplace Concordia (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Roller

11. Industry or business Sheffield Steel Corp.

FATHER 12. Name George Burgess

13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER 14. Maiden name Martha Cluggage

15. Birthplace Harrisburg P (City, town, or county) Pa. (State or foreign country) 1

16. (a) Informant Hanna E. Burgess

(b) Address 3229 Thompson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 18, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman & Son Inc

(b) Address Kansas City, Mo.

19. (a) 9-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 31st 1946 to Sept 14 1946 that I last saw him alive on Sept 14th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	5 wks
Due to Hypertension	3 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 938	

Major findings: Of operations

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 S. D. Ramey (M. D. or other) D.O.

Address 900 Benton Blvd Date signed 9-14-46

(Licensed Embalmer's Statement on Reverse Side) Ch 5391

NOV 1 8 1957

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.