

No. 2
-12-45
5-17-39
1 X47070

State File No.

1314

FILED APR 1 1947
Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

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:
1301 Linwood 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 weeks
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Sarah Jane Burris

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex

Female

5. Color or race

W

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

married

6. (b) Name of husband or wife

William Jesse Burris

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

80 years

7. Birth date of deceased

Aug 28 1869
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

77

6

23

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

MO

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

{

12. Name James Shemacher

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

MO

14. Maiden name (City, town, or county) (State or foreign country)

Sumner

15. Birthplace (City, town, or county) (State or foreign country)

MO

16. (a) Informant

Millie J Burris

(b) Address

1301 Linwood

17. (a)

Removal
(Burial, cremation, or removal)

(b) Date thereof

3-21-47
(Month) (Day) (Year)

(c) Place: burial or cremation

Burial, MO

18. (a) Signature of funeral director

Mr. C. L. Bester

(b) Address

918 Brooklyn

19. (a)

3-21-47
(Date received local registrar)

(b)

Geraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JA
(c) City or town Bever
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1947 hour 1 minute AM

21. I hereby certify that I attended the deceased from
3/14/47, 1947 to 3/19/47, 1947
that I last saw him alive on 3/19/47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Chronic nephritis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature W. R. Drake (M. D. or other) MD
Address 4610 Dorset Date signed 3/21/47

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

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.....

C. H. Wise

Licensed Embalmer No.....

2540

P. O. Address.....

110. 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.