S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13384

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1728

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether
In this community 17 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. 1010 EAST 27TH STREET 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MR. JOSEPH SHUMAN BURT

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-14-0320

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARIE BURT

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased AUGUST (Month) 30 (Day) 1888 (Year)

8. AGE: Years 58 Months 7 Days 15 14 If less than one day hr. min.

9. Birthplace LOWELL (City, town, or county) MASSACHUSETTS (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business KNAPP SHOE COMPANY BROCKTON, MASS.

FATHER
12. Name Julius S. BURT
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Sylvia Segel
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Miss Marie Burt
(b) Address 1010 E. 27th. St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON CEMETERY

18. (a) Signature of funeral director D. H. Newsomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 14TH year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 22, 1947 to Apr 14, 1947; that I last saw him alive on Apr 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to Erosion of Sarcoma involving entire rt. Renal fossa

Due to Rhabdo-Myo Sarcoma

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

52-a

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 0

23. Signature Thos E. McSullan (M. D. or other)

Address 1019 Prof. Bldg. Kans City, Mo. Date signed 4-15-47

(Licensed Embalmer's Statement on Reverse Side)

1019 Professional Bldg.
10-4

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 Bernard L. Loran

Licensed Embalmer No. 4250

P. O. Address KC 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.