

No. 2
-1/47
5-17-39

26699

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 46

Primary Registration District No. 3026

State File No.
Registrar's No. 242

1. PLACE OF DEATH:
(a) County... Jackson
(b) City or town... Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 weeks
(Specify whether
In this community... 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... Jackson 48
(c) City or town... Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No... 1723 Crescent 4
(If rural, give location)
(e) Citizen of foreign country?... no (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Susie Frances Burns
3. (b) If veteran, name war... none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... August day... 13
year... 1948 hour... 6:20 minute... P. M.

4. Sex... female
5. Color or race... white
6. (a) Single, widowed, married, divorced... widowed
6. (b) Name of husband or wife... Richard E. Burns (deceased)
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... Dec. 22, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 8 1 hr. min

Immediate cause of death
Circulatory Failure
Carcinoma of Pancreas
Due to...
Due to...
Other conditions... (Include pregnancy within 3 months of death)
Major findings: 46
Of autopsy: See Above

9. Birthplace... Frenchlick, Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation... Housework
11. Industry or business... Self employed
12. Name... Alfred Shoaf
13. Birthplace... unknown, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name... Sarah Clark
15. Birthplace... unknown, Indiana
(City, town, or county) (State or foreign country)
16. (a) Informant... R. E. Burns
(b) Address... 801 Booth, Kansas City, Mo.
17. (a) burial (b) Date thereof... 8/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Mt. Washington, KCMo.
18. (a) Signature of funeral director... Geo. C. Carson
(b) Address... Independence, Mo.
19. (a) 8-15-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause of 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) (County) (State)
(d) Did injury occur about home or in industrial place or in public place?.....
While at work...
23. Signature... [Signature]
Address... 2800 main Date... 8/19/48

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

18
4
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..... *R. L. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Suburban, 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.