

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19489
2646

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2646</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1524 Michigan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1524 Michigan</u>				d. STREET ADDRESS (If rural, give location) <u>1524 Michigan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roxie A. Burns</u>			b. (Middle) <u>Crittenden</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1949</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 9, 1882</u>		9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blind</u>		11. BIRTHPLACE (State or foreign country) <u>Miss. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Abram Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Huey Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Otho Crittenden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Abram Jones, brother M.C.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia</u> DUE TO (c) <u>pneumococcus infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO.</u>		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>6/12, 1949</u> , to <u>6/17, 1949</u> , that I last saw the deceased alive on <u>6/17, 1949</u> , and that death occurred at <u>11:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Millman M. D.</u>				23b. ADDRESS <u>M.D. 1618 S. 8th</u>		23c. DATE SIGNED <u>6/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adkins Bros. Funeral Home</u>			

WRITE PLAINLY—USING 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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed C. Kenneth Kerford

Signed.....
Student Embalmer

Licensed Embalmer No. 4437

P. O. Address.....

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.