

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1059**

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1005</u> | | Registrar's No. <u>284</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 township) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>10 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>924 E. 9 St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Minnie</u> | | b. (Middle) <u>M.</u> | | c. (Last) <u>BURGESS</u> | |
| 4. DATE OF DEATH | | (Month) <u>1</u> | | (Day) <u>18</u> | | (Year) <u>50</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Mar. 1, 1866</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u></u> Days <u></u> | | IF UNDER 100 HRS. Hours <u></u> Min. <u></u> | | 11. BIRTHPLACE (State or foreign country) <u>Minnesota</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pub. Schools, S. Dak.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Leonard Aldrich</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hannah B. Harris</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruben W. Burgess</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. F. T. Burgess</u> ADDRESS <u>4219 Roanoke Rd., KC, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Senility</u> | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>Fracture Rt. Hip</u> | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | _____ | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, large factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 27 '49</u> m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>fell in home. 123</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec. 27, 1949</u> , to <u>Jan. 18, 1950</u> , that I last saw the deceased alive on <u>Jan. 18, 1950</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u> | | 23c. DATE SIGNED <u>1-19-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-21-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-20-50</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> ADDRESS <u>Kansas City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed *Max W. Kirkindall*

Licensed Embalmer No. *4632*

P. O. Address *A. 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.