

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20069**  
**2383**

BIRTH NO. **316978-51** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2383**

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

1. PLACE OF DEATH a. COUNTY <b>LACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheeler Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>2415 Tracy (G.R.A.P.)</b>	

3. NAME OF DECEASED (Type or Print) <b>INFANT — BURMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1951</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLO.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>JUNE 9, 1951</b>		9. AGE (in years last birthday) <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, Mo.</b>	
13a. FATHER'S NAME <b>Hollis Edward Burman</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Humphrey</b>		

14. NAMES OF HUSBAND OR WIFE <b>INFANT</b>		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.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Hollis Burman - 2415 Tracy Ave.</b>					

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) <b>Prematurity</b>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Unknown</b>				
		DUE TO (c) <b>None</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>				<b>Twin</b>

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 3, 1951**, to **June 3, 1951**, that I last saw the deceased alive on **June 3, 1951**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George H. TBI</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2204 E. 18th st</b>		23c. DATE SIGNED <b>6-4-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 14, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LINCOLN</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, Mo.</b>	
DATE REC'D BY LOCAL REG <b>6-4-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Davis - 1415 Tracy Ave.</b>			

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *L. C. Davis* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4417 .....

P. O. Address: K. C. Gro .....

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.