

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24376

State File No. ....

FILED AUG 4 1952

2954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>112 South Kensington</b>                               |  | d. STREET ADDRESS (If rural, give location) <b>112 South Kensington</b>   |  |

|  |                       |                        |   |
|--|-----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Helen</b> | b. (Middle) <b>A.</b> | c. (Last) <b>Burns</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>6-29-1952</b> |
|--|-----------------------|------------------------|---|

|                      |                               |   |                                   |   |                        |                        |                      |
|----------------------|-------------------------------|---|-----------------------------------|---|------------------------|------------------------|----------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> | 8. DATE OF BIRTH <b>2-28-1885</b> | 9. AGE (In years last birthday) <b>67</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|-----------------------------------|---|------------------------|------------------------|----------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Enterprise, Kansas</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|-----------------------------------|---|--|

|                                       |   |   |
|---------------------------------------|---|---|
| 13a. FATHER'S NAME <b>George Tipp</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary Gellerman</b> | 14. NAME OF HUSBAND OR WIFE <b>Chris A. Burns</b> |
|---------------------------------------|---|---|

|   |                                     |  |         |
|---|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clinton L. Tennill, 124 South Kensington</b> | ADDRESS |
|---|-------------------------------------|--|---------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 months</b> |
|   | ANECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma Cervicis</b> |  |   |
|   | DUE TO (c)   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>153X</b>   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) | 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) m. | 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 5-23, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 1145 A.M. from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>P. A. Kenberger MD</b> | 23b. ADDRESS <b>5242 St John</b> | 23c. DATE SIGNED <b>6-30-52</b> |
|--|----------------------------------|---------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>7-2-1952</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
|---|---------------------------|---|--|

|   |   |  |         |
|---|---|--|---------|
| DATE REC'D BY LOCAL REG. <b>6-30-52</b> | REGISTRAR'S SIGNATURE <b>Sheridine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster, Kansas City, Missouri</b> | ADDRESS |
|---|---|--|---------|

(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.....

working under my personal supervision.

Student Embalmer No.....

Signed Dean Owens

Signed.....  
Student Embalmer

Licensed Embalmer No. 4280

P. O. Address K. 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.