

STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
99 2778
IN THIS SPACE

STATE BOARD OF HEALTH

Division of Vital Statistics, State of Kansas

Registrar's No.

1. PLACE OF DEATH:

(a) County Wabash
(b) City or township Harrisonville
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kan (b) County Wab

(c) City or town Harrisonville
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3 (a) FULL NAME Lula Mae Burns

3 (b) If veteran, name war _____ 3 (c) Social Security No. None

4. Sex 7 5. Color or race w 6 (a) Single, widowed, married, divorced W

6 (b) Name of husband or wife Grant P. Burns 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 28, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 13 2 hr. 2 min.

9. Birthplace Osage Co Kan
(City, town or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business _____

12. Name Frank M. Robinson

13. Birthplace Winkerson Penna
(City, town or county) (State or foreign country)

14. Maiden name Man E Craig

15. Birthplace Winkerson Kentucky
(City, town or county) (State or foreign country)

16 (a) Informant's own signature Gladys J Burns

(b) Address Post 9 Hospital Kan

17 (a) burial (b) Date thereof Feb 11, 1945
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilmington

18 (a) Signature of funeral director W J Betts

(b) Address Harrisonville Kan

19 (a) 2-8-1945 (b) L S Newell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Feb day 10
year 1945 hour 12 minute 45

21. I hereby certify that I attended the deceased from June 15, 1941, to Feb 10, 1945
that I last saw her alive on Feb 9, 1945

and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to chronic diabetes

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to 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 or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (e) Means of injury _____

23. Signature C L Youngman M.D. or other) M.D.
Address Harrisonville Date signed 2-10-1945