

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5494

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 693
(c) City Kansas City (d) Street No. 1330 E. 33rd St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 59 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Catherine Burkhardt
(a) Residence, No. 1330 E. 33rd Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Burkhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Milwaukee (STATE OR COUNTRY) Wis.

FATHER 13. NAME Henry F. Koesel
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Catherine Beutel
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Dr. E. A. Burkhardt (ADDRESS) 3346 Summit St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2-18-39

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary (ADDRESS) Kansas City, Missouri

20. FILED 7/18 39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1939 to Feb. 15 1939
I last saw her alive on Feb. 15 1939. Death is said to have occurred on the date stated above, at 1:00 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset

Other contributory causes of importance:

Smoking

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19____
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) C. M. Crowe M. D.
(Address) 201 1/2 W. 13th St. Kansas City Mo

10-32-88 11:32 A.M.

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, Charles W. Chiles

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address 164 West 42nd St

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, above space should be left blank.