

No. 2
-13-40
-17-39
I X23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4239**

FILED DEC 11 1940

1. PLACE OF DEATH: **Jackson**

(a) County.....

(b) City or town..... **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2121 East 10th St.
(If not in hospital or institution, write street number or location)

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

In this community **No Record** years, months or days

3. (c) PRINT FULL NAME Mrs. Mayme B. Burch

3. (b) If veteran, name war XX **3. (c) Social Security No. No**

4. Sex Fe **5. Color or race Wh** **6. (a) Single, widowed, married, divorced Widowed**

6. (b) Name of husband or wife Unknown **6. (c) Age of husband or wife if alive -- years**

7. Birth date of deceased Sept. 12 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	1	23	hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name No Record

13. Birthplace no Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Juanita Farney

(b) Address 4038 Locust

17. (a) Cremation **(b) Date thereof Nov 9 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.
19. (a) 11-7-40 **(b) M. M. Orlove**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **2121 East 10th St.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Deputy Coroner
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Myocarditis

Coronary Sclerosis

Rheumatic Endocarditis

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 (Specify type of place) (e) Means of injury

23. Signature *Deputy Coroner* (M. D. or other)
Address _____ Date signed _____

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed:

A. R. Hainschell

Licensed Embalmer No.

4159

P. O. Address

K. E. 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.