

REC'D APR 15 1941
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1252**

1. PLACE OF DEATH: **Jackson**
 (a) County **Kansas City**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **Wheatley Provident Hospital**
 (If not in hospital or institution, write street number or location) **0**
 (d) Length of stay: In hospital or institution **2 weeks**
 In this community **40 years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME: **Burrell Whitfield**
8. (b) If veteran, name war: **None**
8. (c) Social Security No.: **None**

4. Sex: **Male**
5. Color or race: **Col**
6. (a) Single, widowed, married, divorced: **Widowed?**
6. (b) Name of husband or wife: **Anna Whitfield**
6. (c) Age of husband or wife if alive: **Unknown**
7. Birth date of deceased: **Unknown 1860**
 (Month) (Day) (Year)

8. AGE: Years **80** Months _____ Days _____
 If less than one day hr. _____ min. _____

9. Birthplace: **Arkansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **At Home**

11. Industry or business: **Unknown**
12. Name: **Unknown**
13. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name: **Unknown**
15. Birthplace: **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Lucy Johnson**
(b) Address: **400 West 43rd St.**

17. (a) (Burial, cremation, or removal): **burial**
(b) Date thereof: **3/29/41**
(c) Place: burial or cremation: **Blue Ridge Lawn**

18. (a) Signature of funeral director: **Watkins Bros.**
(b) Address: **1729 Lydia**

19. (a) (Date received local registrar): **3/29/41** **(b) (Registrar's signature):** **M. M. Browne**

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri** (b) County **Jackson**
Kansas City
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
400 West 43rd St. 0
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
March 25

20. DATE OF DEATH: Month **March** day **25**
 year **1941** hour **11** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Mar 8**
1941 to **Mar 24** **1941**
 that I last saw him alive on **Mar 24** **1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regurgitation and Aortic Valve Abnormalities**
 Duration _____

Due to **Myocardial Regurgitation**
 Due to **Aortic Valve Abnormalities**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **for hydrocephalus**
 Of operations _____
 Of autopsy _____

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)
 Means of injury _____

23. Signature: **M. M. Browne** (M. D. or other)
Address: **1705 E. 17** **Date signed:** _____

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

FEB 6 1902

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

Isaac James Minto

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd 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.