

No. 2
-4-41
17-39
X28390

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6408 Lydia,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 years,** (Specify whether years, months or days)
In this community **33 years,**

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. **6408 Lydia,**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **x**

3. (a) PRINT FULL NAME **Miss Fannie E. Burdick,**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **August 21st 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 0 hr. min.

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

10. Usual occupation **Retired,**

11. Industry or business **Teacher,**

MOTHER FATHER { 12. Name **Amos J. Burdick,**
13. Birthplace **New York,** (State or foreign country)
14. Maiden name **Eleanor Peabody,** (State or foreign country)
15. Birthplace **Ohio,** (City, town, or county) (State or foreign country)

16. (a) Informant **Leona J. Burdick,**
(b) Address **6408 Lydia, Kansas City, Mo.**

17. (a) **Burial,** (b) Date thereof **10-23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **10/21/41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21st,**
year **1941** hour **2:45** minute **A.** M.
21. I hereby certify that I attended the deceased from **June 1938**
to **Oct. 21, 1941**
that I last saw him alive on **Oct. 20, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension** Duration **3 Days**
Due to **Arteriosclerosis + cerebral hemorrhage**
Due to **830**

Other conditions (Include pregnancy within 3 months of death) **None**
Major findings: Of operations **None**
Of autopsy **None**
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) **None**
(b) Date of occurrence **None**
(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 **Chas. H. McClure** (M. D. or other) **M.D.**
Address **500 E. 15th St. Kansas City, Mo.** Date signed **Oct 21-41**

Dr. Chas. H. McPheeters,

*By order Body
1/25 0*

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 *Emerj M. Plank*
Licensed Embalmer No. *1848*
P. O. Address *Kansas City 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.