

FILED OCT 23 1941

Registration District No. 378

Primary Registration District No. 3019

Registrar's No. 270

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson
(c) City or town Olathe
(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.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1941 hour 4:07 minute A. M.

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

Immediate cause of death
g.w. Bad Organism
Due to Strept
Due to Explor & Exam Hou
Other conditions Hounded not Ben
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 181
Of autopsy 15
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME FRANCES M. BURKETT

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 married

6. (b) Name of husband or wife Charles E. Burkett 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased no record
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Missouri
(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 Ellen Barnhill

(b) Address Gene Hotel, Kansas City, Mo.

17. (a) Removal (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe, Kansas

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) Oct. 13, 1941 (b) F. J. Book
(Date received from registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-7-41
(c) Where did injury occur? Jackson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Donald W. Jones (M. D. or other) 3
Address KC Mo Date signed _____

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..... *Lloyd C. Gars*

Licensed Embalmer No. *4199*

P. O. Address..... *Independence*

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.