

FILED AUG 9 1944

Registration District No. **149**

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-13-44-7-22-44
(Specify whether years, months or days)

In this community 14 years
(years, months or days)

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. 2314 Michigan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME CORDELIA BURSH

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)

7. Birth date of deceased February 24 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 4 5 28 hr. min.
20

9. Birthplace Buena Vista Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name Thomas Davis

13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Mattie ?

15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof July 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery, N.C., Mo.

18. (a) Signature of funeral director Fannie H. Meek

(b) Address 1708 E. 18th St

19. (a) 7-25-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1944 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from July 13 1944, to July 22 1944

that I last saw her alive on July 22 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Cerebral Vascular Accident

Due to Cerebral Arterio Sclerosis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 8301
Of operations

Of autopsy Same as above

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? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (e) Means of injury

23. Signature J. W. Brown (M. D. or other)

Address Gen. Hosp. #2 600 E. 22nd Date signed 7/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Fannie L. Meek

Licensed Embalmer No. 3818

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.