

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED APR 2 1946
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 in 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:
4406 Main St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 40 years (Specify whether
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. 4406 Main St.,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Addie Margaret Burton,
(b) If veteran, name war NO. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28 17
year 1946 hour 1:30 minute A. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
6. (b) Name of husband or wife Isaac M. Burton,
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 28 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 13 1946 to Feb. 17 1946
that I last saw her alive on Feb. 17, 1946. 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
88 11 19 28 hr. min.

Immediate cause of death Pneumonia Duration 4 days
Due to Pneumonia
Due to 107
Other conditions (Include pregnancy within 3 months of death)
Major findings: none
Of operations: none
Of autopsy: none

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation at home,

11. Industry or business no.
12. Name David Heifner
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Eliza Decker
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Edith Burton,
(b) Address 4406 Main, Kansas City, Mo.
17. (a) burial (b) Date thereof 3-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fort Scott, Kansas
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-19-46 (b) Suzaldine Holmes
(Date received local registrar) (Registrar's signature)

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 C.
23. Signature Temp. G. Miller (M. D. or other) 1946
Address 807 Conyale & 36th Date signed 3/18
1946

Angela Blay

Dr. Terry Lilly

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 *J. Calvin Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K.C. 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.