

FILED JUN 20 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 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:
Northeast Restorium, 44
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 mo
(Specify whether years, months or days)
 In this community since 1900

3. (a) PRINT FULL NAME August Burandt

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

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Barbara
 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 28 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace unknown Germany 44
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER {
 12. Name August Burandt
 13. Birthplace unknown Germany 44
(City, town, or county) (State or foreign country)
 14. Maiden name unknown unknown
 15. Birthplace unknown Germany 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barbara Burandt

(b) Address Bonner Spgs., Kans Route 2

17. (a) Burial (b) Date thereof 6/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Spgs Cemetery

18. (a) Signature of funeral director H. Anonymous

(b) Address K.C.N.

19. (a) 6-8-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte, 941
 (c) City or town Rural, Bonner Spgs, 941
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 1/2 Mi. N. W. Bonner Spgs
(If rural, give location)
 (e) Citizen of foreign country? unknown (Yes or No) 2
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
 year 1946 hour 12: minute 15 P.M.

21. I hereby certify that I attended the deceased from February 7
 1946, to June 7 1946;
 that I last saw him alive on June 6 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 days
 Due to arteriosclerosis unknown
chronic myocardial degeneration unknown
 Due to _____

Other conditions Cerebral malaria unknown
(Include pregnancy within 3 months of death)

Major findings: 93 2 PHYSICIAN _____
 Of operations _____
 Of autopsy _____
 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?
(Specify type of place)

While at work? _____ (e) Means of injury 2

23. Signature Dr. Helen M. O'Keefe (M. D. or other) 100
 Address 205 Garfield Date signed 6-8-46

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..... *H. Simon*.....
Licensed Embalmer No. *3903*.....
P. O. Address..... *KOK*.....

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.