S. No. 2
—12-45
5-17-39
P1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 179

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36884

Primary Registration District No. 1002

Registrar's No. 4951

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: 7321 Walnut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether)
In this community: 3 Months
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.: 7321 Walnut Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. LOUISE BURDIN
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harlan Burdin
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: ~~October~~ Aug ~~5th~~. 3 ~~1897~~ 1894
(Month) (Day) (Year)

8. AGE: Years: 52 ~~48~~ Months: 3 ~~1~~ Days: 23 ~~30~~ If less than one day: hr. min.

9. Birthplace: Devils Lake (City, town, or county) North Dakota (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
12. Name: Jeremiah Donahue
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Harlan Burdin
(b) Address: 7321 Walnut Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11 - 26 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Los Angeles, Cal.
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St., Kansas City, Mo.
19. (a) 11-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MOTHER FATHER

Corr. dy type 2-27-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th. year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Deceber 1946, to 19..., that I last saw h... alive on 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Hanging — Duration
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: Of operations: no operation
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): Suicide
(b) Date of occurrence: 11-25-46
(c) Where did injury occur? Kans City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: hanging
23. Signature: PH Owens (M. D. or other)
Address: Kans City Mo Date signed: 11/26/46

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 4951

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of December, 1946, before me appears Mr. Harlan Burdin, who, upon his oath, states that the original record of ~~birth~~ death for Louise Burdin ~~born~~ died Nov. 25, 1946, in the State of Missouri, and which was filed at K. C., Mo. on 11-26, 1946, should be corrected as follows:

Item No. 7 should read August 3, 1894
Instead of October 5, 1897

Item No. 8 should read ~~49~~ ~~#~~ ~~[illegible]~~ 52-3-22
Instead of 49-1-20

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H. M. Burdin Husband
Relationship.

7321 - Wilmot.
Present Address.

Subscribed and sworn to before me this 12th day of December, 1946.

My Commission expires Oct 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
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