V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 799

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34399

Registrar's No. 4221

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: 1925 E 81 St Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1925 E 81 St TERRACE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH HANNA BURDICK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. FRANK BURDICK

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOVEMBER 7 1878
(Month) (Day) (Year)

8. AGE: Years 69 ~~76~~ Months 10 Days 28 If less than one day hr. min.

9. Birthplace ERIN NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name MILES S. HARRINGTON
13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JULIA MOULTER
15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MAUDE MAE SCULLY
(b) Address 1929 E 81 St TERRACE

17. (a) BURIAL (b) Date thereof OCT-7-1947
(Burial, cremation, or removal) MEMORIAL PARK CEMETERY
(c) Place: burial or cremation COLUMBIA, MISSOURI

18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-7-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5TH
year 1947 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from 9-8
1947 to 19
that I last saw her alive on 10-4- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 6 mo

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 9:30

Of autopsy —

PHYSICIAN
Underline the cause of 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 —

23. Signature [signature] (M. D. or other)
Address 25th & Troost, K.C. Mo. Date signed 10-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

287-694-47-30

Cr. [redacted] Yadon, Jr.
754 Grant

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 John E Fraking, Registered Apprentice No. 504, working under my personal supervision.

Signed E O Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.