

Primary Registration District No. 1002

18
3
8

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 348 SOUTH MERSINGTON AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 MONTHS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WEBSTER 112

(c) City or town FORDLAND 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS MARTHA SUSAN BURKS

3. (b) If veteran, name war No

3. (c) Social Security No. NO 145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16TH
year 1948 hour 1 minute 15 A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 21 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 8 1948, to April 15 1948, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	79	8	26	25 hr. min.

Immediate cause of death Cardiac decompensation
Due to Chronic Myocarditis
Mitral Regurgitation
Due to Right lobal Pneumonia
from which she had
practically recovered

Duration many years.
1 week

9. Birthplace WEBSTER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions Senility + 3emile
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings: Dementia

11. Industry or business _____

12. Name UNKNOWN KANSER

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

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

14. Maiden name SUSAN PENDERCAST

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

16. (a) Informant MRS. W. H. HASTEN
(b) Address 348 SOUTH MERSINGTON

17. (a) BURIAL (b) Date thereof APRIL 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORDLAND MO

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? _____

18. (a) Signature of funeral director D. H. Newman's son
(b) Address 1401 BRUSH CREEK BLDG

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 4-16-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature D. P. Klepinger (M. D. or other) _____
Address 500 Argyle Bldg Date signed 4-16-48

K C MO

APR 30 1918

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 Emile M. Calhoun
Licensed Embalmer No. 3506
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.