

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 119021BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>486 Donnelly /</u> | | d. STREET ADDRESS (If rural, give location) <u>486 Donnelly</u> | |

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|--|-----------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>Mary Dora Burkhardt</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1949</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Wh.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 29, 1870</u> | 9. AGE (In years last birthday) <u>79</u> | 10. IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Turich Switzerland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>John Plattmann</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Grossmann</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph C. Burkhardt</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Burkhardt</u> ADDRESS <u>508 Wallace</u> |

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., if or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|--|
| 23a. SIGNATURE <u>A. E. Upsher</u> | 23b. ADDRESS <u>2800 Mun</u> | 23c. DATE SIGNED <u>1/3/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 5 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. Washington</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO.</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>John P. Scheil</u> ADDRESS <u>K.C. Mo.</u> | |

DATE REC'D BY LOCAL REG. 1-4-49 REGISTRAR'S SIGNATURE Geraldine Holmea (Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

J. P. Sheil

Signed _____

Student Embalmer

Licensed Embalmer No. 3625

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.