

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26821
3673

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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. LENGTH OF STAY (In this place) <u>33 yrs.</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>3406 Chestnut</u>		d. STREET ADDRESS (If rural, give location) <u>3406 Chestnut</u>	

3568
0

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary E. L.</u> b. (Middle) <u>Willis</u> c. (Last) <u>BURLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed</u>	8. DATE OF BIRTH <u>7-29-60</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clarinda, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Samuel Mulkins</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Brotherton</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Burley</u>	
---------------------------------------------	--	-----------------------------------------------------	--	---------------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna R. Welch, 3406 Chestnut, KC. Mo.</u>			
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	------------------------------------------------------------------------------------------------	--	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>	ANTECEDENT CAUSES	<u>2 or 3 yrs</u>	
	DUE TO (b) <u>Chronic nephritis</u>	DUE TO (c) <u>Senility</u>	<u>8 or 10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS	<u>Obesity</u>	<u>42-2</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	----------------------------------	--	-------------------------------------------------------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 8/21, 1951, to 8/28, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.O. Pence</u> (Degree or title)	23b. ADDRESS <u>2722 Prospect</u>	23c. DATE SIGNED <u>8/28/51</u>
----------------------------------------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
---------------------------------------------------------	--------------------------	-------------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>8-28-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>	
-----------------------------------------	------------------------------------------------	--------------------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. O. Reese
2722 Prospect
at 10 a.m. Tues.

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.

Student
Student Embalmer

Signed.....

Max St. Kirkendall

Licensed Embalmer No.

4632

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.