

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

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
 c. LENGTH OF STAY (in this place) 1 day
 d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. GENERAL HOSPITAL No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN INDEPENDENCE
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 1922 HEDGES 700 1

3. NAME OF DECEASED
 a. (First) LERA b. (Middle) MAE c. (Last) BURKHARDT
 4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 1954

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
 8. DATE OF BIRTH Oct 16, 1896 9. AGE (In years last birthday) Months Days Hours Mins. 57 5 5 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) Eldorado Springs, Mo.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Osceola Kenby 13b. MOTHER'S MAIDEN NAME Cora Clark 14. NAME OF HUSBAND OR WIFE FRED BURKHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED BURKHARDT 1922 HEDGES INDEPENDENCE MO.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found by death, independent
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Smoking Laboratory Exam positive to cyanide poisoning
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION E9718 20. AUTOPSY? YES NO

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-25-54 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Left suicide notes

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 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) _____ 23b. ADDRESS 1839 Pratt Bldg 23c. DATE SIGNED 6-25-54

24a. SPECIAL CREMATION REMOVAL (Specify) _____ 24b. DATE June 27, 54 24c. NAME OF CEMETERY OR CREMATORY Oak Hill 24d. LOCATION (City, town, or county) (State) Butler Missouri

DATE REC'D BY LOCAL REG. 6-26-54 REGISTRAR'S SIGNATURE Sheldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer Inc 1337 BRUSH CREEK KANSAS CITY MO

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

MAY 20 1955

7-8-54.
Cull woman
in 6 whs.

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.....
Signature of Student Embalmer

Signed..... *Robert E. Heron*

Licensed Embalmer No. 4

P. O. Address..... *K.P.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.