

Health, Welfare, Public Service  
 300  
 1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 11 1956

STATE FILE NUMBER 3602  
 Registrar's No. 3602

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3941 BALES</b>		Length of stay in lb <b>31 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>3941 BALES</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CLYDE</b> Middle <b>CLAYTON</b> Last <b>BURGERT</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>16</b> Year <b>1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUGUST 13, 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MESSENGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>EXPRESS</b>	11. BIRTHPLACE (City and state or country) <b>GALLATIN, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>HENRY A. BURGERT</b>			14. MOTHER'S MAIDEN NAME <b>MARY E. VOGLESANG</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. MARY A. BURGERT, 3941 BALES, K.C. Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Cerebral Arteriosclerosis</b> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>5 yrs</b> <b>3 yrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>1953</b> to <b>Aug 16 1956</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>Aug 16 1956</b> Death occurred at <b>12:20 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John M. Powers M.D.</b> (Degree or title)			22b. ADDRESS <b>3304 Linwood</b>		22c. DATE SIGNED <b>8/17/56</b> (State)
23a. BURIAL OR CREMATION, REMOVE (Specify) <b>BURIAL</b>	23b. DATE <b>AUG. 18 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAM CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>O. H. Newcomer's Sons, Kansas City, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-17-56</b>	26. REGISTRAR'S SIGNATURE <b>Preva Minshel</b>	

SEP 20 1956

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.....  
*Basil W. Honey*

Licensed Embalmer No. *47*

P. O. Address *K.C., Mo.*

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.