

MAY 15 1940
399

1002

Registration District No. _____

Primary Registration District No. _____

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: **3714 Brooklyn** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **46 Yrs.** (Specify whether years, months or days)
In this community **46 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3714 Brooklyn**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Martha Ellen Burnett** **653**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **Feb. 17 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **27** If less than one day hr. _____ min. _____

9. Birthplace **Stanton Vir. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **1**

12. Name **Samuel Landes**

13. Birthplace **Stanton Vir. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Beard**

15. Birthplace **Stanton Vir. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. G. Parker**

(b) Address **3714 Brooklyn**

17. (a) **Burial** (b) Date thereof **Apr 17 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lee's Sunnyside**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C. Mo.**

19. (a) **4-16-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15** year **1940** hour **11** minute **55 A.** M.

21. I hereby certify that I attended the deceased from **10-13-39** to **4-15 1940**;

that I last saw him alive on **4-14 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma liver** **6 mos. +**

Due to **Carcinoma stomach**

Due to **46**

Other conditions: **Severe secondary anaemia**
(Include pregnancy within 3 months of death)
Chronic haemorrhage.

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury **1**

23. Signature **John J. Sawyer** (M. D. or other) **M.D.**
Address **626 Sutton Bldg.** Date signed **4-16-40**

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

2611E, 27
2692
2609

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1500 Linwood

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, above space should be left blank.