

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2262**

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4432 E. 11th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 44 yrs.  
(Specify whether years, months or days)  
In this community 49 yrs.

3. (a) PRINT FULL NAME ODESSA PFEFFER **160**

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Charles Pfeffer 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased Sept 6 1890  
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 23 If less than one day hr.            min.           

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business           

MOTHER FATHER { 12. Name David Burns  
18. Birthplace Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Poor  
15. Birthplace I. Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Butts  
(b) Address 518 Elmwood

17. (a) Burial (b) Date thereof June 1 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Mrs C.L. Forster  
(b) Address 918 Brooklyn Kansas City Mo.

19. (a) June 2, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4432 E. 11th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.            years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 29th  
year 1940 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 26th, 1940, to May 29th, 1940;  
that I last saw her or alive on May 27th 1940, 19          ;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Aneurysm of aorta with rupture and hemorrhage into pericardium

Due to             
Due to           

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations           

Of autopsy None

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           

23. Signature P. D. De. Martin MD (M. D. or other)  
Supv. K.C. Gen. Hospital, K.C. Mo.  
Address            Date signed           

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *Reginald C. Browning*

Licensed Embalmer No. *2764*

P. O. Address *H. C. No.*

**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.**