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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13687
1668
State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH: **Jackson**
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **3800 Warwick Blvd.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Pearl Burdette**
(b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 10, 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Mt. Washington, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER { 12. Name **William P. Burdette**
13. Birthplace **Mt. Washington, Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Sallie Thixton**
15. Birthplace **Fairmount, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Elva Stapp**
(b) Address **3800 Warwick Blvd.**

17. (a) **Burial** (b) Date thereof **4-29-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery
Freeman Mortuary**

18. (a) Signature of funeral director _____
(b) Address **104 West 42nd Street**

19. (a) **Apr 28 1941** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3800 Warwick Blvd.** **8**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **4/24/41**, 19____, to **4-27-41**, 19____;
that I last saw h. **er.** alive on **4-27-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis** **About 5 yrs**
Duration

Due to **12/1**

Due to **12/1a**

Other conditions **Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 **Eugene Carbone** (M.D. or other) _____
Address **714 Bryant Bldg. K.C. Mo.** Date signed **4-28-41**

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

2100 600
Professional Seal
Not for Use as
Licensee

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 *[Handwritten Signature]*

Licensed Embalmer No. 4939

P. O. Address *[Handwritten Address]*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No. _____
Local Registrar's No. 1668

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of May, 1941 before me appears _____
Miss Elva Stapp who, upon her oath, states that the original record of ~~birth~~ death
for Miss Pearl Burdette died April 26, 1941, in the State of
Missouri, and which was filed at RG on 4-28, 1941, should be corrected as follows:

Item No. 20 should read April 26 1941
Instead of _____ April 27, 1941

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Elva Stapp - Informant
Relationship.

3800 Warwick
Present Address.

Subscribed and sworn to before me this 23rd day of May, 1941

My Commission expires 9-27-43 Margaret M. Brown Notary Public

...lavits containing erasure. w. a. ...draw one line through error and write above it

S-13687