

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41154  
Registrar's No. 4835

Registration District No. 399

Primary Registration District No. 1002

48  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution: 216 West 51st St. Terrace,  
(d) Length of stay: In hospital or institution X  
In this community 21 years, / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Flora B. Burnell,  
(b) If veteran, name war X (c) Social Security No. X

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced, Widowed,  
6. (b) Name of husband or wife James M. Burnell, 6. (c) Age of husband or wife if Dec. years  
7. Birth date of deceased 6th August 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 4 20 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Reuben Bergstresser,  
13. Birthplace Pennsylvania, | (City, town, or county) (State or foreign country)  
14. Maiden name Aranima Wagninseller,  
15. Birthplace Illinois, | (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Allen,

(b) Address 27 East 69th St., Kansas City, Mo.

17. (a) Removal, (b) Date thereof 12-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denver, Colorado.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec 28 1941 (b) M. M. Cron  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Jackson, 048  
(c) City or town Kansas City, P  
(d) Street No. 216 West 51st Street Terrace,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th,  
year 1941 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 1936, to Dec. 26 1941;  
that I last saw her alive on Dec. 26 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Arterio-sclerosis Hypertension  
Due to

Duration 1/2 hr.  
6 yrs.  
6 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AKW  
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 \_\_\_\_\_

23. Signature Walter K. Koenig (M. D. or other) W.D.  
Address 1000 Piquette Ave Date signed 12/27/41

Dr. Hashinger,

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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:.....

*E. M. Plank*

Licensed Embalmer No.....

*1848*

P. O. Address.....

*Kansas City, Mo.*

**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.**