

FILED FEB 11 1942
Registration District No. **379**

Primary Registration District No. **1002**

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:
205 West 67th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **205 West 67th Street,** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson, 48**
(c) City or town **Kansas City, 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **205 West 67th Street, 8**
(If rural, give location)
(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X** **0**

3. (a) PRINT FULL NAME **Mrs. Dorothy M. Burtis,**
3. (b) If veteran, name war No. **No.**
3. (c) Social Security No. **No.**

20. DATE OF DEATH: Month **January** day **1st 17**
year **1942** hour **10:00** minute **A.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George E. Burtis,** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **May 1 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1924** to **1942**
that I last saw him alive on **Jan 12 1942**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	59	8	16	hr. min.

Immediate cause of death **Coronary Thrombosis** **1 yr.**
Due to **arteriosclerosis** **8 yrs.**
Due to **94 yrs.**
Other conditions (Include pregnancy within 3 months of death) **✓**

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 **Jacob Todd,**
13. Birthplace **Unknown, 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Doris**
15. Birthplace **Unknown, 9**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy **✓**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss Dorothy Lou Burtis,**

(b) Address **205 West 67th St., Kansas City, Mo.**

17. (a) **Burial, Elmwood** (b) Date thereof **1-20-42**
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Moriah Cemetery,**

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

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **1-19-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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 **M. M. Brown** (M. D. or other) _____
Address **Kansas City, Mo.** Date signed **1-20-42**

Dr. Marvin Ketrone

Prof. B. B. B. B.

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. *1410*

P. O. Address

1101 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.