S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13073

Registrar's No. 1882

FILED MAY 6 1943

Registration District No. 149

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 14 West 29th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 14 West 29th. Street
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Burger

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floyd E. Burger

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 5 (Day) 1874 (Year)

8. AGE: Years 68 Months 9 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Kennedy
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Bridget Gorman Ireland
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Floyd E. Burger
(b) Address 14 West 29th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Co.
(b) Address 3256 Broadway

19. (a) 4-21-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th.
year 1943 hour 4 30 minute A. M.

21. I hereby certify that I attended the deceased from April 17th, 1943 to April 20, 1943; that I last saw her alive on April 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 days

Due to Hypertension — 8 cps

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Lee Haynes (M. D. or other)
Address 901 Westport Rd Date signed 4/21/43

(Licensed Embalmer's Statement on Reverse Side)

Doctor Lee Haynes
901 Westport

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.