S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16843

FILED JUN 7 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2359

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Home 1008 Oak St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 Oak St 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country no

3. (a) PRINT FULL NAME Helen P. Burlingham

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Oct (Month) 28 (Day) 1871 (Year)

8. AGE: Years 71 ~~72~~ Months 6 Days 23 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Owner Elgin Hotel

11. Industry or business Hotel

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harry Ely
(b) Address 1008 Oak St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26th 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Mausoleum

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood

19. (a) 5-24-43 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1943 hour 8 minute 30p M.

21. I hereby certify that I attended the deceased from 1-17, 1943 to 5-21-, 1943 that I last saw her alive on 5-18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2
Due to Cardio-renal-vascular disease	2
Due to Arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

131a

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 L. T. Barney (M. D. or other) MD
Address Kansas City Ks Date signed 5-22-43

(Licensed Embalmer's Statement on Reverse Side)

Dr L. F. Barney
Brotherhood Building K.C.K.
Phone Dr2281

DEC 19 1944

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.