

FILED OCT 24 1944  
Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 4061

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:  
H. C. Osteopathic Hospital, 11th & Harrison  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution unknown 9-23-44-10-5-44  
(Specify whether as above)

In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 99  
 (c) City or town Ottawa 14  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 207 South Cedar  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_ x \_\_\_\_\_ 2

3. (a) PRINT FULL NAME Mrs. Flora Edna Burton,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife O. C. Burton  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased July 5 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th  
 year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 23- 1944 to Oct. 5- 1944  
 that I last saw her alive on Oct. 5- 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 3 0 hr. \_\_\_\_\_ min.

Immediate cause of death:  
Coronary Thrombosis & Infarction Ant. Wall.

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

Due to Coronary Sclerosis  
 Due to \_\_\_\_\_

10. Usual occupation at home,

Other conditions (Include pregnancy within 3 months of death)  
94 a

11. Industry or business X

MOTHER FATHER { 12. Name Arthur E. Rideout, Hospit  
 { 13. Birthplace unknown,  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Anna A. Kittle,  
 { 15. Birthplace unknown,  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
 Of operations none  
 Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant O. C. Burton,  
 (b) Address 207 Cedar, Ottawa, Kansas.

17. (a) Removal (b) Date thereof 10-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ottawa, Kansas,

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
 (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?  
 \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-10-44 (b) T. E. Brown (13)  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature E. D. Schindler (M. D. or other) D.O.  
 Address 421 Schubert Bldg. Date signed 10/6-44

Dr. Schindler, Shukert Bldg.

**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.....

Licensed Embalmer No. 14605

P. O. Address. 19 e mgd

**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.