

FILED FEB 6 1945

Registration District No.

Primary Registration District No. 1002

Registrar's No.

352

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: St Marys Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fauntleroy Hosp (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Mary Burkhead

3. (b) If veteran, name war

No

3. (c) Social Security No. None

4. Sex Fe

5. Color or race n

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

sent home  
(Month) (Day) (Year)

8. AGE:

Years about X Months X Days 14 If less than one day hr. min.

9. Birthplace

Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

infant

11. Industry or business

12. Name Mary Burkhead

13. Birthplace Milwaukee Wis  
(City, town, or county) (State or foreign country)

14. Maiden name David Ushler

15. Birthplace Milwaukee Wis  
(City, town, or county) (State or foreign country)

16. (a) Informant JUDGE Backus Sr.

(b) Address Milwaukee Wis

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-25-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director H. J. Tigerman & Son

(b) Address 100 E. 1st St

19. (a) 1-23-45 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16  
year 1945 hour 5:40 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19;  
that I last saw Coroner on 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho-pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:

Of operations Autopsy & Inspection

Of autopsy not

Duration

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?

(e) While at work? (Specify type of place)

(f) Means of injury Coroner

23. Signature James Ushler (M. D. or other)

Address 2419 Poplar Alley Date signed 1-18-45

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

FATHER-MOTHER

MAR 2 1945

APR 25 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, or by \_\_\_\_\_

Francis Nelson, Registered Apprentice No. 2744  
working under my personal supervision.

Signed J. A. Puginan  
Licensed Embalmer No. 2744  
P. O. Address A. 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.