

FILED NOV 26 1945

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4633

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:  
1126 Fremont /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 40 years  
(years, months or days)

3. (a) PRINT FULL NAME MARTHA JANE MCBURNEY

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 9, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 4 28 hr. min.

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

10. Usual occupation Homemaker

11. Industry or business Retired

MOTHER FATHER { 12. Name Wm. McBurney  
13. Birthplace Glasgow Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane MacBurney  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant John McBurney  
(b) Address 6225 Peery

17. (a) Burial (b) Date thereof 11/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address Kansas City, Mo.

19. (a) 11-9-45 (b) Yeraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1126 Fremont  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7  
year 45 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1945 to Nov. 7, 1945  
that I last saw h alive on Nov. 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(e) Means of injury D

23. Signature Herman Shablio (M. D. or other) D.O.  
Address 3208 Independence Date signed 11-8-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *H. D. Blackman*  
Licensed Embalmer No. *3639*  
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.**