No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34709

FILED OCT 21 1947

Registration District No. 949 — Primary Registration District No. 1002 — Registrar's No. 4297

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: K.C. General Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)

In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 1710 E 8th 6
(If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: NANCY PERMELIA TILLERY

3. (b) If veteran, name war: - no

3. (c) Social Security No.: - none

4. Sex: fe 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: wid 21

6. (b) Name of husband or wife: Joel A

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

7. Birth date of deceased: July 9 1865 (Month) (Day) (Year)

8. AGE: Years 82 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace: Ray County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Wm Burchett
13. Birthplace: (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Elenor Ann Ball
15. Birthplace: (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Dr. Katherine Burchett
(b) Address: 506 Maple Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-13-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Liberty Mo

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc
(b) Address: 2825 Independence Blvd.

19. (a) 10-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 10
year: 1947 hour: 5 minute: 10 P M.

21. I hereby certify that I attended the deceased from: Current, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull fracture	
Due to: Pelvis fracture	
Due to: Bronchial pneumonia	
Other conditions (Include pregnancy within 3 months of death): (Auto + pedestrian)	

Major findings:
Of operations: 170C 8b 21
Of autopsy: yes as above

PHYSICIAN — Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify): accident 123

(b) Date of occurrence: 10-4-47

(c) Where did injury occur? (City or town) KC (County) Jackson (State) mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury: Auto Trauma

23. Signature: James Elliott (M. D., or other) Coron 3

Address: 1429 Pel Bldg Date signed: 10-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Blackmon

Licensed Embalmer No. 3637

P. O. Address KC 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.