S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1000

Registration District No. FILED FEB 7 1948

Primary Registration District No. 1002

Registrar's No. 353

WRITE PLAINLY—USING 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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH BURDA
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 Widow
6. (b) Name of husband or wife Jacob Burda
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased November (Month) 19 (Day) 1864 (Year)

8. AGE: Years 83 Months 2 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Oxford Junction (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at home

FATHER
12. Name John Souharde
13. Birthplace Oxford Junction (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) No Record (State or foreign country)

16. (a) Informant Mrs. Fred Becker
(b) Address Shawnee, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oxford Junction, Iowa
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas
19. (a) 1-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1948 hour Four minute [illegible] A.M.

21. I hereby certify that I attended the deceased from November 4 20, 1947 to January 26 1948; that I last saw her alive on January 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism	
Due to: Fractured Hip	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1860
Of autopsy 18

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
(b) Date of occurrence 11-20-47
(c) Where did injury occur? Butler (City or town) Bates (County) mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Harold [illegible] (M. D. or other) MD
Address 1132 Prof. Bldg. Date signed 1/26/48
[illegible] MO.

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address K. C. Kan.

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.