

REG'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1169  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Mount Primary Registration District No. 1002  
(c) City Kansas (d) Street No. North East Hospital Registered No. 182  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Phillip Burgelette  
(a) Residence, No. 2408 E 13th St St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Baby  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City mo

FATHER 13. NAME Joseph Burgelette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City mo

MOTHER 15. MAIDEN NAME Jennie Sicate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City mo

17. INFORMANT (ADDRESS) Joseph Burgelette 2408 E 13th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Mary DATE Jan 16-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parsantow Bros W C mo

20. FILED Jan 16 1939 M. M. Groom Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 14 1939 to Jan 15 1939  
I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Patent Foreman Ovale Date of onset 1570  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) A. E. Scardino, M. D.  
(Address) 1805 1/2 Independence Ave

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

---

---

**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. ....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**