

REC'D JUL 10 1939

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

21228  
Do not use this space.

Registered No. 2496

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 395  
 (b) Township Blue Primary Registration District No. 1002  
 (c) City Leeds (d) Street No. 2A Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 627 Burkes Edward  
 (a) Residence, No. 1119 Michigan Ave. 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 Colored 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 1, 1906

7. AGE YEARS MONTH DAYS IF LESS than 1 day, hrs. or min.  
33 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Wilburton Okla.

FATHER 13. NAME Burkes William  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

MOTHER 15. MAIDEN NAME Coonts Maudie  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT (ADDRESS) R.C.T.B. - Record Clerk  
City

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.B. Moore  
1820 E. 18th St. K.C. Mo.

20. FILED 6/20 1939 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-3-1939 to 6-17-1939  
 I last saw h.l.m. alive on 6-17-1939 Death is said to have occurred on the date stated above, at 2:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Bilateral Pulmonary Tuberculosis  
23  
 Other contributory causes of importance:  
Tuberculous Pneumonia 6-15-39

Date of onset 1-19-39

Name of operation none Date of  
 What test confirmed diagnosis? X-ray 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?  
 (Signature) W. M. D.  
 (Address) Lawrence W. M.

WHILE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 14225

**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

*AB Mann*

Licensed Embalmer No. *2410*

P. O. Address *1890 East 18th*

**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, above space should be left blank.**