

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

32587
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 400
 (b) Township Prairie Primary Registration District No. 56538 Registered No. 174
 (c) City Little Blue Mo! (d) Street No. Jackson Co Home St.
 (e) Length of residence in city or town where death occurred 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6221 William Burke 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 <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>62</u>	YEARS <u>Unknown</u>	MONTHS <u>Unknown</u>
	DAYS <u>Unknown</u>	If LESS than 1 day, hrs. or min.
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. <u>Unemployed</u>	
	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) <u>Atlanta Ga</u>		
FATHER	13. NAME <u>Mr Burke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ga</u>	
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Geo. W. Burke</u> (ADDRESS) <u>Kc mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>KC Western Dental Co</u> <u>9-6-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Thom + Greenshell</u> <u>Kc mo</u>		
20. FILED <u>9/6/39</u> 19 <u>39</u> <u>Jared E. Bunch</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH 1:45 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-39 1939

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to Sept 1, 1939.
 I last saw him alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 1:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocardial Insufficiency

Other contributory causes of importance:
Arterio-sclerotic + habits

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

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 L. W. Booker (Signed)..... M. D.
 (Address) 2028 Vine St.

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.

JUL 13 1958

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

Edw. Howard

Licensed Embalmer No.

3836

P. O. Address

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.