S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9475

Registration District No. 394 Primary Registration District No. 1002 Registrar's No. 884

WRITE PLAINLY—USE 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: 5202 Wilburn Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5202 Wilburn Court
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Richard J. Burke
3. (b) If veteran, name war No
3. (c) Social Security No. 486-07-6021
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winifred Burke
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased June 29, 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36	8	2	hr. min.

9. Birthplace Armourdale, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Furnace Installer
11. Industry or business Mo. & K. C. Furnace Co.
FATHER
12. Name Patrick Burke
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Frahey
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Winifred Burke
(b) Address 5202 Wilburn Court
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Quirk & Tobin Co.
(b) Address KCMo
19. (a) 3/3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 18, 1941, to Feb 28, 1941; that I last saw him alive on Feb 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Tuberculosis — 2 Mo
Due to — 1 Yr
Due to — 12 Yr
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pulmonary T. B.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Richard F. Lynch (M. D. or other)
Address 702 Argyle Bldg Kansas City Date signed Mar 1/41

(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 Harold Perry

Licensed Embalmer No. 4097

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, fact should be so stated above.