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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10107

Primary Registration District No. 1001

Registrar's No. 304

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 818 Alabama
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 80 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 818 Alabama
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MICHAEL BURKE

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eda Virginia Burke

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August (Month) 23 (Day) 1860 (Year)

8. AGE: Years 80 Months 6 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace St. Joseph (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER
12. Name William Burke
13. Birthplace unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER FATHER
14. Maiden name Jane Dunn
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Eda Burke
(b) Address 818 Alabama St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3--13--41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.

19. (a) Mar 13 1941 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th. year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 10 - 1941, to March 11 1941; that I last saw him alive on 3 - 10 - 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	Several weeks
Due to	
Due to	
Other conditions: Asthenia (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Fenton Gordon (M. D. or other) M.D.
Address 1041 W. Mo. Ave Date signed 3/13/41

(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: Carl W. Hause

Licensed Embalmer No. 3955

P. O. Address St. Joseph, Mo.

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.