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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

20704

State File No.

Registrar's No. 2234

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: 3234 Victor 0 None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 41 Years
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. 3234 Victor 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Edna Margaret BOURK

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 1st, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	5	9	hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk in

11. Industry or business County Court House

FATHER
12. Name Edward J? BOURK
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine D. McCarthy
15. Birthplace Penna. /
(City, town, or county) (State or foreign country)

16. (a) Informant Jule M. Bourk
(b) Address 3234 Victor, K.C.Mo.

17. (a) Burial (b) Date thereof 6/12/41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 6/11/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 -
year 1941 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 5 - 5
, 1937 to June 10, 1941
that I last saw her alive on June 10 - , 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Left Ventricular Failure

Due to Chronic Fibrous Myo Cardiotis —

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 93D

Of autopsy no 93D

Duration

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) no
(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 0

23. Signature M O Hill MD (M. D. or other)
Address 734 Argyle KC Mo Date signed June 10-41

(Licensed Embalmer's Statement on Reverse Side)

Bourk 10

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. 267 working under my personal supervision.

Signed J H Pryor

Licensed Embalmer No. 2999

P. O. Address KC

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

If this body is not embalmed, fact should be so stated above.