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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40945

State File No.

Registration District No. 399 JAN 24 1942

Primary Registration District No. 1002

Registrar's No. 4623

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

48
3
8

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: K.C.Gen.Hospital No.1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 6 days (Specify whether Unknown)

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1640 Jarboe (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph Burk

3. (b) If veteran, name war none

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Mary Burk

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

7. Birth date of deceased July (Month) 14 (Day) 1892 (Year)

8. AGE: Years 49 | Months 4 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Jess Burk
13. Birthplace (City, town, or county) 1 Illinois (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jesse Burk

(b) Address 1642 Jarboe St. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Pl. K. C. Mo.

19. (a) Dec 13 41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th year 1941 hour 1 minute 35 A M.

21. I hereby certify that I attended the deceased from 11-4-41, 19__, to 12-10-41, 19__; that I last saw him alive on 12-10-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease; chronic pyelonephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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)

(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 Dwight R Thorne D (M. D. or other)

Address Med.Dir.K.C.Gen.Hospital Date signed

(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 Blaine E. Weleu

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pl

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

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