S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41444

Registrar's No. 1185

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 516 North 8th, Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 72 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 11

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

(d) Street No. 516 North 8th, Street, 7 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Henry A. Burke,

3. (b) If veteran, name war .....

3. (c) Social Security No. None,

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Belle Burke,

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

7. Birth date of deceased April 21st, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	20	..... hr. ..... min.

9. Birthplace Richmond, (City, town, or county) / Virginia, (State or foreign country)

10. Usual occupation Mail Carrier,

11. Industry or business U.S.A.

FATHER
12. Name Joseph Burke,
13. Birthplace Richmond, (City, town, or county) / Virginia, (State or foreign country)

MOTHER
14. Maiden name Mary Elmo,
15. Birthplace Richmond, (City, town, or county) / Virginia, (State or foreign country)

16. (a) Informant Miss Emily Burke

(b) Address 516 North 8th, Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton-Bigale Bowman Funeral

(b) Address 319 So. 10th, Street, Home

19. (a) 12/12/41 (Date received local registrar) (b) H. D. Nestlebush (Registrar's signature) L.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th. year 1941 hour 2:00 minute 55 a.M.

21. I hereby certify that I attended the deceased from Nov. 3/41 Nov. 8, 1941 to Dec. 11, 1941 that I last saw him alive on Nov. 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of heart with aortic regurgitation — Duration Several years

Due to Arterio-Sclerosis

Due to advanced age and overwork

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — 92a

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 0

23. Signature J. M. Dunsmore M.D. (M. D. or other)

Address Central Bldg. St. Joseph Mo. Date signed Dec. 12/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 12-11-41

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th 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.