. S. No. 2
M—1-4-41
. 5-17-39
I X26390

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23308

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2872

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 1010 E 27th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 419

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1010 E 27th
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH PEARL BURKE

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 Married

6. (b) Name of husband or wife Howard L Burke 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 3-18 82
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Daniel Pike
13. Birthplace New Hampshire
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jenkins
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Howard L Burke
(b) Address 1010 E 27th K C Mo

17. (a) Cremation (b) Date thereof 7-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director F O'Donnell Co
(b) Address 3256 Broadway K C Mo

19. (a) 7-30-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 9 minute 40 a M.

21. I hereby certify that I attended the deceased from 6-30 1942 to 7-29 1942
that I last saw her alive on 7-29 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Hypertension	
Due to 94a	
Other conditions (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 George C. Lee (M. D. or other)
Address 1630 Prof Bldg Date signed 7/30/42

561 (Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. C. Lee
Professional Bldg.

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.