

9003

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 1189  
Registrar's No.

S. No. 2  
M-9.4.41  
5-17-39  
PI X29484

FILED MAR 20 1949 49  
Registration District No.

Primary Registration District No. 1002

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

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:  
3811 Troost Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 69 days (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) 3811 Troost Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME William Francis Burke

3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March <sup>8</sup> day 5 hour 25 minute P year 1943 M.

21. I hereby certify that I attended the deceased from November 20 - 1942 to March 8 - 1943

4. Sex Male 5. Color or race Wh 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 Jan 18, 1874  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - arterio-sclerosis - Nephritis (Chronic parenchymatous)

Due to \_\_\_\_\_

Due to 1/3! Br

Other conditions (include pregnancy, within 3 months of death) \_\_\_\_\_

8. AGE: Years 69 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kansas City Mo <sup>0</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Recorder

11. Industry or business Jackson Co. Mo

MOTHER FATHER { 12. Name Wm. Burke

13. Birthplace Ireland <sup>4</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Burke

15. Birthplace Ireland <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nell Burke

(b) Address 3811 Troost

17. (a) Burial (b) Date thereof 3-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave

19. (a) 3/9/43 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature Max Redman (M. D. or other) \_\_\_\_\_  
Address Prof Berg Date signed 3-9-43

**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

*Thomas E. Quirk*

Licensed Embalmer No. *3775*

P. O. Address *H. 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.**