

FILED JAN 5 1949

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

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:
432 SOUTH QUINCY AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 30 YEARS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MRS. ELLEN BURKE

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. JOHN BURKE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 5 - 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name THOMAS MURPHY

13. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE KINNEY

15. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. O. B. SMOCK

(b) Address 432 SOUTH QUINCY AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 27 1943
(Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARYS CEMETERY

18. (a) Signature of funeral director D. A. Newcomers

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-25-43 (Date received local registrar) H. E. Brown (Registrar's signature)

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. 432 SOUTH QUINCY AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 24TH
year 1943 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1942, to Dec 24, 1943
that I last saw her alive on Dec. 24, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 weeks
Due to Acute Infection
Myocardial Degeneration 2 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 John R. Caldwell (M. D. or other) MD
Address 636 Griggs Kansas City Mo Date signed 12/25/43

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

MOTHER FATHER

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 *H. C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address *H. C. Newcomer*

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.