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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16945

Registrar's No. 2281

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days 12 hours (Specify whether years, months or days)
In this community: 5 months

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson, ?
(c) City or town: Kansas City, ?
(If outside city or town limits, write "RURAL")
(d) Street No.: 1325 East 8th St.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: CLAUDE RAYMOND BURKHART
3. (b) If veteran, name war: no.
3. (c) Social Security No. 496-05-3197
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dorothy Myler Burkhart
6. (c) Age of husband or wife if alive: 24 years
7. Birth date of deceased: February (Month) 2 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
32	3	22	hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Box Department Around & Co.
11. Industry or business: x
12. Name (Father): Steve Burkhart
13. Birthplace (Father): Ohio (City, town, or county) 1 (State or foreign country)
14. Maiden name (Mother): Sadie Johnson,
15. Birthplace (Mother): Illinois. (City, town, or county) 1 (State or foreign country)
16. (a) Informant: Mrs. Dorothy Burkhart,
(b) Address: Carrollton, Missouri,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton Mo.
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Bellefontaine Plaza KCMo
19. (a) 5-27-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 24th, year 1944, hour 8, minute 15 P. M.
21. I hereby certify that I attended the deceased from May 22, 1944, to May 24, 1944, that I last saw him alive on May 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration 12 hours
Due to: Tuberculosis — 6 days
Due to: Cholecystitis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Cholecystitis, appendicitis
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:
Signature: Wm. R. Jasper (M. D. or other) DO
Address: 3034 Harrison KCMo. Date signed: 5-24-44

(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 John H Henley

Licensed Embalmer No. 4050

P. O. Address Kansas City 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.