

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

6278 ✓

FILED MAR 2 1945

Primary Registration District No. 5572

Registrar's No. 16

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Rural Prairie 3 mi S
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jackson County Home for Aged 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 Months
 (Specify whether years, months or days)
 In this community 2 1/2 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson L19
 (c) City or town Kansas City 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2504 Chelsea Avenue 8
 (If rural, give location)
 (e) Citizen of foreign country? No. 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Miss Margaret Burke
 (b) If veteran, name war No
 (c) Social Security No No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February 2 nd
 year 1945 hour 4:30 minute P.M. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 18th, 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 5, 1944 to Feb 2, 1945 that I last saw him alive on Feb 2, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 144 hr. min.

Immediate cause of death: Chronic myo carditis

9. Birthplace Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Invalided in County Home

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Redmond Burke
 13. Birthplace Ireland (City, town, or county) (State or foreign country)
 14. Maiden name Anna Mackey
 15. Birthplace Ireland (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Dennis McDermott, Nephew, 2504 Chelsea, K.C. Mo.
 (b) Address
 17. (a) Removal (b) Date thereof 2/5/45 (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City, Kansas
 18. (a) Signature of funeral director Melody-McGilley K.C. Mo.
 (b) Address
 19. (a) Feb 5, 1945 (b) M. Schick (c) Registrar's signature

23. Signature J. W. Greane (M. D. or other)
 Address Independence Date signed 7/5/45

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

78

MAR - 2 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.