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

5004

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1946

State File No. 6015

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Jackson (Rural)
(b) City or town Kansas City (Washington)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103rd & Holmes St. K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 44
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 103rd and Holmes Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Thomas BURKE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 11, 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Cascade (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired
11. Industry or business RailRoad Construction
FATHER
12. Name Thomas Burke
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Deignan
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Patrick Fitzgerald
(b) Address 103rd & Holmes K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 2/22/46 (Date received local registrar) (b) Dr. Annie E. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 th year 1946 hour 1 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan 20, 1945, to Feb. 21, 1946, that I last saw him alive on Feb. 20, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	
Due to: Rheumatic Vascular Disease	
Due to:	
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 0
23. Signature Jos. Jones (M. D. or other)
Address 80 4 Pleasant Date signed

136 (Licensed Embalmer's Statement on Reverse Side)

80th & Paseo
Ja 1879

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.