S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34400

State File No.

FILED NOV 8 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4475

WRITE PLAINLY—USING 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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 17 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State North Dakota (b) County 999
(c) City or town Johnstown 32
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Daniel H. Burke
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Burke
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Nov. (Month) 11 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	11	15	hr. min.

9. Birthplace Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Charles Burke
13. Birthplace Maine
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Sigtsinger
15. Birthplace Michigan
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pearl Burke
(b) Address Johnstown, North Dekota
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Forks, N. D.
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 10-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1947 hour 2 minute 55 P. M.
21. I hereby certify that I attended the deceased from Oct. 9, 1947, to Oct. 26, 1947
that I last saw him alive on Oct. 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis ; acute thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

93 D

PHYSICIAN
Underline the cause of 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
23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. McDonnell

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 Blaine E. Weikert

Licensed Embalmer No. 4075

P. O. Address K. 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.