FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39371

FILED DEC 27 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1347

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph Mo 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 yr 6 Mos 13 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2324 St Joseph Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Burke
3. (b) If veteran, name war: Nil
3. (c) Social Security No.: Nil
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Patrick Burke
(c) Age of husband or wife if alive, if not given: years
7. Birth date of deceased: Jan (Month) 23 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	70	10	14	hr. min.

9. Birthplace: Sepetha Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
MOTHER FATHER
12. Name: Patrick Burke
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
14. Maiden name: Mary Hill
15. Birthplace: Illinois (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs Bayes
(b) Address: St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery
18. (a) Signature of funeral director: Stanger Funeral Home
(b) Address: St Joseph, Mo
19. (a) 12-18-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1948 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from Nov 15 1948 to 12-7 1948
that I last saw her alive on 12-7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia and	24 hrs
Myocarditis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Yes

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: [illegible] (M. D.)
Address: State Hospital #2 Date signed: 12/17/1948
St Joseph, Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 15 [illegible]

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 Charles E. Bennett, Registered Apprentice No. 284 working under my personal supervision.

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.