

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1189

197

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		41	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5723 Rockhill Road				d. STREET ADDRESS (If rural, give location) 5723 Rockhill Road			
3. NAME OF DECEASED (Type or Print) James		a. (First) E.		c. (Last) BURKE		4. DATE OF DEATH (Month) (Day) (Year) 1 16 49	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 12-18-81	
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interviewer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Employment Serv.		11. BIRTHPLACE (State or foreign country) Salisbury, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm. Burke		13b. MOTHER'S MAIDEN NAME Mary Piggott		14. NAME OF HUSBAND OR WIFE Estel Burke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Kathryn Burke, 5723 Rockhill, KC Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusions ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Arterio Sclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Dec 1927 , to 1-16, 1949 , that I last saw the deceased alive on 1-16, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H. H. Owens <i>H. H. Owens M.D.</i>				23b. ADDRESS 1034 Piatt Bldg		23c. DATE SIGNED 1-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 1-17-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Elmer E. Heck*

Licensed Embalmer No. *4063*

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.