No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41098

FILED JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4779

WRITE PLAINLY—USE 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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 5412 Garfield Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Ronald Charles Burkhardt

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 ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July (Month) 3 (Day) 1936 (Year)

8. AGE: Years 5 Months 5 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student (Primary)

11. Industry or business St. Theresa's School

FATHER
12. Name Fred R. Burkhardt
13. Birthplace Lees Summit (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name LuVerne Margar Thrune
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Fred R. Burkhardt
(b) Address 5412 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-23-41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd year 1941 hour 10 minute 03 A. M.

21. I hereby certify that I attended the deceased from November 26, 1941, to December 23, 1941, that I last saw him alive on Dec 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage of Neck Vessels	10 days
Due to: Lymphadenitis	3 weeks
Due to: Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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

23. Signature E J E Evans (M. D. or other) M D
Address 911 Waldheim Bldg Date signed 12/24-41

(Licensed Embalmer's Statement on Reverse Side)

St Joseph Hospital
4-10 d.m.

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 C Hervey Quisenbe

Licensed Embalmer No. 4070

P. O. Address K C Mo

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

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