

JAN 24 1942
Registration District No. **399**

Primary Registration District No. **1002**

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: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**
(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 5202 Wilburn Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1941 hour 8 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec. 18, 1941, to December 25, 1941;
that I last saw her alive on December 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis meningitis
Due to Tuberculosis - pulmonary glands
Due to _____

Duration
about 2 weeks

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Marie Edith Burke
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 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 March 20, 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Richard J. Burke
13. Birthplace Armoirdale, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Winifred Gale
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Burke
(b) Address 5202 Wilburn Court

17. (a) Burial (b) Date thereof 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Frank J. Fabin Co.
(b) Address St. L. Mo.

19. (a) Dec 29 1941 (b) M. M. Crowe
(Date received local Registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Martin J. Hurst (M. D. or other) **0**
Address 1316 Bryant Bldg. Date signed 12-26-41

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.....
John J. Bouray....., Registered Apprentice No. *307*
working under my personal supervision.

Signed *Charles M. Furr*.....
Licensed Embalmer No. *3634*
P. O. Address *Kcmo*.....

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.