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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 10212

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 321

**1. PLACE OF DEATH:**
(a) County Buchanan
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital 923 Powell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days. 0 (Specify whether
In this community 2 days.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State ~~Missouri~~ Kansas (b) County Doniphan 999 14 2
(c) City or town Wathena Kansas.
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi So. Wathena Ks. R7 D. 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Miss Margaret Burke
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
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 Oct (Month) 12 (Day) 1893 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 48 | 5 | 13 | hr. min. |

9. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Burke, Mr. John
13. Birthplace Tipperary (City, town, or county) 4 Ireland (State or foreign country)
MOTHER
14. Maiden name Cavenaugh, Anna
15. Birthplace Doniphan County (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Ebner, Mrs. T. J.
(b) Address Lincoln, Nebraska
17. (a) Atchison Ks removal (Burial, cremation, or removal) (b) Date thereof 3/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison Ks
18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address 319 So 10 St Joseph Mo.
19. (a) 3-25-42 (Date received local registrar) (b) H. J. Nettlebush (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 25
year 1942 hour 1:05 minute a. M.
21. I hereby certify that I attended the deceased from March 23, 1942 to March 25, 1942
that I last saw her alive on March 24, 1942
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| (1) Thyrotoxicosis (Toxic adenomatous Thyroid) | ? |
| ~~Due to~~ (2) Rheumatic Heart with multiple valve damage | ? |
| (3) Also Thyrotoxic heart disease with decompensation | |

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95a
Of autopsy

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 Wm. B. Ross MD (M. D. or other) MD
Address St. Joseph, Mo. Date signed 3-25-42

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(Licensed Embalmer's Statement on Reverse Side)

## 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 3-25-4[illegible]

....., Registered Apprentice No.....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3007

P. O. Address [illegible]

**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.**