S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13074

FILED MAY 3 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1648

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: K.C.General Hospital No.1 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether In this community 19 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 5202 Wilburn Court (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Francis Burke

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-5511

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Winifred

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May (Month) 22, (Day) 1913 (Year)

8. AGE: Years 29 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Stoker Service Repair

11. Industry or business

FATHER
12. Name Patrick Burke
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Fraher
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. F. E. Burke

(b) Address 5202 Wilburn Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Quirk & Robin Co.

(b) Address 20 West Linwood

19. (a) 4-7-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1943 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3-25-43, 19, to 4-5-43, 19; that I last saw him alive on 4-5-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculous meningitis	
Due to pulmonary tuberculosis	
Due to 13 B1	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Amery R. Thom (M. D. or other)

Address Med.Dir.K.C.General Hospital Date signed

(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.....

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

working under my personal supervision.

Signed Charles M. Lurk

Licensed Embalmer No. 3724

P. O. Address 20 St. Linwood

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.