S. No. 2
M—2-43
5-17-39
I X35697

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. 40009

Registration District No. FILED JAN 4 1945 1009

Primary Registration District No. 1002

Registrar's No. 5190

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6201 Forest Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 71 Years. 1

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6201 Forest Ave. 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME John T. BURKE.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, married, widowed, divorced Widow 2 M

6. (b) Name of husband or wife Mollie K. Burke

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November (Month) 3rd. (Day) 1873 (Year)

8. AGE: Years 71 Months 1 Days 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation Post Office

11. Industry or business

12. Name James Burke

13. Birthplace (City, town, or county) Ireland (State or foreign country)

14. Maiden name Emma J. Malone

15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. Informant James E. Burke

17. Address 5300 Holmes St.

18. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)

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

(a) Signature of funeral director Mellody-McGilley

(b) Address Kansas City Mo.

19. (a) 12-21-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

Cem. by Jan 23 1945

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 19th year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1/27/44, 19__, to 12/19/44, 19__; that I last saw him alive on 12/19, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 J. H. Owens (M. D. or other)

Address 824 Rusch Bldg KCMo Date signed 12/21/44

(Licensed Embalmer's Statement on Reverse Side)

Dr.P.Owens.
Rialto Bldg.
906 Grand Ave.

## 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.....

Licensed Embalmer No.....3999

P. O. Address.....FC

**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.**

State of MISSOURI
County of JACKSON } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 201
Local Registrar's No. 5190 44

On this 6th day of January, 1945, before me appears James E. Burke, who, upon his oath, states that the original record of ~~birth~~ death for John R. Burke, ~~born~~ died December 19, 1944 in the State of Missouri, and which was filed at Kansas City on 12-21, 1944, should be corrected as follows:

Item No. 6 (a) should read married

Instead of widower

Item No. 6 (c) should read 69 years

Instead of none

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James E. Burke

Son.
Relationship.

5300 Holmes St. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 6th day of January, 1945

My Commission expires June 22, 1948

Edith L. Austin Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
X32339

1944
5-40009