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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 25 1947**  
Registration District No. 150

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

31548

State File No. \_\_\_\_\_

Primary Registration District No. 5572

Registrar's No. 158

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Emergency Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 months  
(Specify whether  
In this community 29 years  
years, months or days)

3. (a) PRINT FULL NAME Michael A. Burke  
3. (b) If veteran, name war none  
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 April 9, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 5 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Hospital records

(b) Address Jackson Co., Home for Aged

17. (a) burial (b) Date thereof 9/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys, Indep. Mo.

18. (a) Signature of funeral director Geo. C. Carson  
Independence, Mo.

(b) Address \_\_\_\_\_  
19. (a) SEP 20, 1947 (b) Donald C. Emswiler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 49  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 118 1/2 Independence Ave.  
(If rural, give location) 8  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
1947 year hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration \_\_\_\_\_

Due to Multiple R.I.B. Fractures

Due to Injury By Fall

Other conditions Jumped From

(Include pregnancy within 3 months of death) Window

Other findings Aperty Corona PHYSICIAN \_\_\_\_\_

Of autopsy History & Inspection Underline the cause to which death should be attributed statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 9-16-47

(c) Where did injury occur? Jackson Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Hospital

While at work? No (Specify name of place) Means of injury 1. Gun

23. Signature A.E. Usher (M. D. or D. O.) MD  
2800 Main Date signed 9/16/47

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

MOTHER FATHER

**- 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..... *R. A. Lisle* .....

Licensed Embalmer No. *4123* .....

P. O. Address *Independence, Mo.* .....

**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.**