No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38041

FILED DEC 9 1947

Registration District No. 1947 49

Primary Registration District No. 1002

Registrar's No. 4935

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: In front of 610 E. 64th. St Terr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 58 years 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 836 W. 62d Street 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Harry G. BURKE

3. (b) If veteran, name war World War I

3. (c) Social Security No. 492-14-6838

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Adelaide Burke

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November (Month) 17, (Day) ~~1890~~ 1889 (Year)

8. AGE: Years 58 ~~57~~ Months 0 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City, (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Old American Ins. Co.

FATHER
12. Name John Burke
13. Birthplace Unknown (City, town, or county) 2 Canada (State or foreign country)

MOTHER
14. Maiden name Anna ~~Mansifield~~ Mansfield
15. Birthplace Pittsburgh, (City, town, or county) 1 Pennsylvania (State or foreign country)

16. (a) Informant Mr. Jack Burke
(b) Address 836 W. 62d St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 11-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1947 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 D	

Major findings:
Of operations
Of autopsy no
Hosiery + Injection

PHYSICIAN
Underline the cause of 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 3

23. Signature [signature] (M. D. or other) Coroner
Address 1424 [illegible] Date signed 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 2 1991

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 Thomas J. Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2999

P. O. Address KC

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.