

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14348
Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 185
(b) Township East Benton Primary Registration District No. 5260
(c) City Near Bruner, Mo. (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred Lifelong ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME Arthur Simpson Burke 620

(a) Residence, No. 5 mile north of Bruner, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
May Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Near Bruner, Mo.
(STATE OR COUNTRY) Christian County.

FATHER 13. NAME Harvey A. Burke

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Jane Walker

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT MAY BURKE May Burke
(ADDRESS) Bruner, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chappel DATE April 27, 1938

19. FUNERAL DIRECTOR (NAME) B. C. Klepper
(ADDRESS) Ozark, Missouri

20. FILED 5-2 1938 Josephine Merritt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. A.M.

The principal cause of death and related causes of importance were as follows:

apoplexy
of aorta

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) T.W. Maples Croners
(Address) Cleves, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

B. C. Klepper

or by Forest Klepper

Registered Apprentice No. 143, working under my personal supervision.

Signed

B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark, Missouri

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, above space should be left blank.