

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

442

REC'D JUL 14 1939

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

21435
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Salem River Primary Registration District No. 3002 Registered No. 90
(c) City Mexico Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Elizabeth Burks

(a) Residence, No. 1005 W. Loye St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.G. Burks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock, Arkansas

FATHER 13. NAME William Smith

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

MOTHER 15. MAIDEN NAME Susan Tillett

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

17. INFORMANT (ADDRESS) Mrs. Mary Lee Locke
Winchester Ky.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo.
Elmwood Cemetery, DATE June 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.A. Precht & Son
Mexico, Mo.

20. FILED June 12, 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1939

I HEREBY CERTIFY, That I attended deceased from 6-4- 1939 to 6-11- 1939

I last saw her alive on 6-11- 1939. Death is said to have occurred on the date stated above, at 8: A.M.

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

Cerebral Hemorrhage.

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis? clinical as 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? no
If so, specify _____

(Signed) Paul E. Coyle, M. D.

(Address) Mexico, Mo.

Date of onset
4 1/2
months
which
threw
her
32 h.

23

RECEIVED

District Health Officer No. 10

District File Number 7-39-1200

Date Filed JUL 10 1939

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,

Earl E. Precht

or by

Registered Apprentice No., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.