

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35456

State File No.

Registrar's No.

Registration District No. 69

Primary Registration District No. 116

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Grassy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Fred Vander Burk
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 17 1930
(Month) (Day) (Year)

8. AGE: Years 8 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Burk
13. Birthplace Grassy
(City, town, or county) (State or foreign country)
14. Maiden name Abernathy
15. Birthplace Grassy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willard Burk
(b) Address Grassy

17. (a) Burial (b) Date thereof Nov 1- 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Home cemetery

18. (a) Signature of funeral director Baker Funeral Home,
(b) Address Lutesville, Mo.

19. (a) 11-18-39 (b) Mrs. John Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger
(c) City or town Grassy
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st
year 1939 hour six minute A M.

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

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental self
(b) Date of occurrence inflicted with dynamite cap.
(c) Where did injury occur? Face and left breast.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his home,

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Arthur J. Baker Coroner
(Name, or other)
Address Lutesville Date signed 11/18/39

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.....

P. O. Address.....

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.