

NOV 24 1939

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

36628
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 528
(b) Township Wichita Primary Registration District No. 5722A
(c) City Callao (d) Street No. _____
(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 JAMES R. BURK

(a) Residence, No. _____ 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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALICE BURK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 - 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) MACON CO MO

FATHER 13. NAME WM BURK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON CO MO

MOTHER 15. MAIDEN NAME LYDA BROWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON CO MO

17. INFORMANT (ADDRESS) MARION BURK CALLAO MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ZION CEMETERY DATE 10 - 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. E. ... BROWN MO

20. FILED 10 - 12 1939 H. E. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1939, to Oct 10, 1939
I last saw him alive on Oct 10, 1939 Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Hypertension that Disease

Date of onset 10/3/39

Other contributory causes of importance: 4/6/39
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____ (Signed) A. E. Burden, M. D. O.
(Address) Callao, 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.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1925

Date Filed NOV 14 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, 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.