

WHILE PRIVATELY USED UNWRAPPING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31357**

Registration District No. **69**

Primary Registration District No. **5/11**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Grassy** *Salmon*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **Several years** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Ina Lee Burk**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 5th 1892**
(Month) (Day) (Year)

8. AGE: Years **47** Months **7** Days **1** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **Noah Burk**
13. Birthplace **Grassy Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Eva Thomas**
15. Birthplace **Arab Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **N. K. Burk**
(b) Address **Grassy Mo.**

17. (a) **Burial** (b) Date thereof **July 7, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Burke Cem.**

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

19. (a) **9/23/40** (b) **Wm John B. Burk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
year **1940** hour **4:00** minute **A. M.**

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

Immediate cause of death **Epilepsy**
Due to _____
Due to _____

Other conditions **Smoking**
(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) _____
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Andrew J. Baker Coroner**
Address **Suburban 2nd** Date signed **7/7/40**

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.