No. 2
13-40
7-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31826

Registration District No. 231 Primary Registration District No. 534 Registrar's No.

1. PLACE OF DEATH:
(a) County: Crawford
(b) ~~City or town~~: Meram[redacted] Mo
(If outside city or town limits, [redacted]AL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community Greatest Part of his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Crawford
(c) City or town Steelville Rural
(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.

3. (a) PRINT FULL NAME John C. Burke
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 22 (Day) 1855 (Year)

8. AGE: Years 84 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Nurse at present
11. Industry or business
MOTHER FATHER
12. Name Roland C. Burke
13. Birthplace Gilford Court House Va (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace Gilford Court House Va (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pierce Wright
(b) Address Steelville Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Keyesville Cem 8/28-1940
18. (a) Signature of funeral director L. Jones
(b) Address Steelville Mo
19. (a) 10-8-40 (Date received local registrar) (b) E. R. Gibbs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day August year 1940 hour 12-30 minute P. M.
21. I hereby certify that I attended the deceased from August 20, 1940, to August 26, 1940; that I last saw him alive on August 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart — Duration
Due to Pneumonia 3 days
Due to Age
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. G. Parker (M. D. or other)
Address Steelville Mo Date signed 9-5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
Number 1040626

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 L J Jones

Licensed Embalmer No. 2379

P. O. Address Steelville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.