

FILED OCT 9 1941

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: 1830 S. Beacon  
(d) Length of stay: In hospital or institution 38 years  
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(d) Street No. 1830 S. Beacon  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CHARLES FRANKLIN BURK

20. DATE OF DEATH: Month Sept day 26 year 1941 hour 8:15 P.M.

3. (b) If veteran, name war  
3. (c) Social Security No. 494-12-2312

21. I hereby certify that I attended the deceased from Sept 26, 1941 to Sept 26, 1941; that I last saw him alive on Sept 26, 1941 and that death occurred on the date and hour stated above.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, married  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased April 27 1881

Immediate cause of death: Bowels Obstruction  
Fecal Impaction  
Due to Peritonitis

8. AGE: Years 60 Months 4 Days 29

Other conditions: 29  
Major findings: Of operations  
Of autopsy

9. Birthplace Sedalia Missouri

10. Usual occupation W.P.A.

11. Industry or business

12. Name Richard Burk

13. Birthplace Missouri

14. Maiden name Mary

15. Birthplace Missouri

16. (a) Informant Mrs. Ona Burk  
(b) Address Sedalia

17. (a) Burial (b) Date thereof 9/30/41  
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. Laughlin  
(b) Address Sedalia Mo  
19. (a) 9/30/41 (b) Mrs. Harry Sneed

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of Physician: E. Snavely  
Address Sedalia Date signed 9/28/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-7-41

**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..... *Robert T. Reed*  
Licensed Embalmer No..... *3745*  
P. O. Address..... *Leola, 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, fact should be so stated above.**