

FILED JAN 20 1942

Registration District No. 73

Primary Registration District No. 3006

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

1. PLACE OF DEATH: Boone  
(a) County Boone  
(b) City or town Columbia Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 510 Clay St. (If rural, give location) 4  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles A Burks  
(b) If veteran. \_\_\_\_\_ name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 31 st.  
year 1941, hour 5 minute 10 P.M.

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife. \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 1 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1941  
Oct 10, 1941 to Dec 31, 1941;  
that I last saw him alive on Dec 31, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia Duration 2 mo

8. AGE: Years Months Days If less than one day  
76 10 30 hr. min.

Due to Paralysis of bladder 3 mo  
Due to neurasthenia ✓

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

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation Day Labour

11. Industry or business \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations none 30g  
Of autopsy none 30g  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name ?, Burks  
13. Birthplace Don't know  
14. Maiden name Don't know  
15. Birthplace 11 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Ewers  
(b) Address 510 Clay St. Columbia Mo  
17. (a) Burial (b) Date thereof Jan 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Columbia Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Burks  
(b) Address Columbia Mo.  
19. (a) 1/2/42 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Columbia Mo Date signed 1-2-42

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**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 *M. J. McKittrick*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbia, 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.**