

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 13 1942

Registration District No. 4771

Primary Registration District No. 2002

Registrar's No. 93

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

49  
5-2

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 22 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2119 Joplin  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marshall W. Burke  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 17  
year 1942 hour 8 minute 10 P.M.  
21. I hereby certify that I attended the deceased from Mar 9, 1942 to Mar 17, 1942  
that I last saw him alive on Mar 17, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, 2 divorced Widowed  
(b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 15 1874  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 8 days  
Due to blocking of coronary arteries and  
Due to general arteriosclerosis years

8. AGE: Years 68 Months 4 Days 2 If less than one day hr. min.  
9. Birthplace Buchanan Mich  
(City, town, or county) (State or foreign country)

Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings: none  
Of operations none  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Painter  
11. Industry or business \_\_\_\_\_  
12. Name No Record  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Burt  
(b) Address 2119 Joplin St Joplin, Mo  
17. (a) Burial (b) Date thereof 3-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Osborne Mem  
18. (a) Signature of funeral director Shanley - Dillon  
(b) Address Joplin, Mo  
19. (a) 3-20-42 (b) Arthur S. Hueston  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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) (Means of injury)  
23. Signature Herman A. LaFolre (M. D. or other) MD  
Address 607 Main Joplin Date signed 3/19-42

42.3.254

**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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin 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.**