

APR 7 1943  
Registration District No. 316

Primary Registration District No. 3060

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

97  
4  
1

1. PLACE OF DEATH:

(a) County: St. Francois Co.

(b) City or town: Farmington, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) over 50 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Genevieve

(c) City or town: Farmington  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Edward Charles Burks

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, married

6. (b) Name of husband or wife: Martha Hudson Burks 6. (c) Age of husband or wife if alive: Legal years

7. Birth date of deceased: October 6 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 5 15 15 hr. min.

9. Birthplace: St. Genevieve Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

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

12. Name: Joseph Burks

13. Birthplace: St. Genevieve Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Amant Marchel

15. Birthplace: Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Edward Burks

(b) Address: Farmington, Mo

17. (a) Burial (b) Date thereof: 3-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Farmington

18. (a) Signature of funeral director: Edmund H. ...

(b) Address: Farmington

19. (a) March 23 1943 (b) Byndie Burkmeister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 at year 1943 hour 11 minute 50 AM

21. I hereby certify that I attended the deceased from Feb. 20 - 21, 1943 to March 21, 1943 that I last saw him alive on March 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral aneurysm of brain 3200

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 47d  
(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) (c) Means of injury \_\_\_\_\_

23. Signature: Geo. L. Walters (M. D. or other)

Address: Farmington Mo Date signed: 3-24-43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

District Health Officer No. 4  
District File Number 443-1977  
Date Filed 4-5-43

**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 *C. H. Cozart*  
Licensed Embalmer No. 4084  
P. O. Address *Farmington*

**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.**