

FILED MAY 18 1943
Registration District No. 1200

Primary Registration District No. 3048

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74
(c) City or town Hopkins
(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? 0 years.

3. (a) PRINT FULL NAME William Joe Burk

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 7 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ivan Burk
13. Birthplace Bedford Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Edra Garten
15. Birthplace Hopkins Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edra Burk

(b) Address Hopkins Mo

17. (a) Burial (b) Date thereof Apr. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedford, Iowa

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo.

19. (a) 4-27-43 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 2/7, 1943, to 4/21, 1943,
that I last saw him alive on 4/20, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis (Colon bacillus)
Duration 10 days

Due to _____

Due to _____

Other conditions Premature birth
(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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]

Address Hopkins, Mo. Date signed 4/23/43

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

14
1
2

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.....

..... *myself*, Registered Apprentice No.....
working under my personal supervision.

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hallam, 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.