

FILED MAY 18 1943

Registration District No.

Primary Registration District No. 3048

Registrar's No. 38

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. edge of city
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Hazel Mae Burks

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Allen Burks

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

7. Birth date of deceased Oct. 26 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>5</u>	<u>20</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Joseph Lamport

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Carmichael

15. Birthplace Pickering Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Burks

(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-19-43
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation Oak Hill Cemetery Maryville Mo.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) 4-28-43 (Date received local registrar)

(b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention

Due to Chronic Myocarditis

Due to Toxic Exophthalmic Thyroid

Other conditions (Apeyten - about 4 weeks before death)

(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy Cerebral Inquest

Duration

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) (e) Means of injury _____

23. Signature W.R. Jackson (M. D. or other) _____

Address Maryville Mo. Date signed 4-24-43

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

MOTHER FATHER

MAY 26 1951

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..... *Clem M. Price*

Licensed Embalmer No..... *1822*

P. O. Address..... *Maryville 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.