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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED NOV 18 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 30

Registration District No. 371 Primary Registration District No. 4542

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rogersville
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rogersville
(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 James Harvey Burks
3. (b) If veteran, name war. 3. (c) Social Security No. 493-14-2091

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT day 20 year 1943 hour 7 minute 52 A.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Wilma 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 11 1875 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 18, 1943 to Oct 19, 1943
that I last saw h. i. m. alive on Oct 19, 1943 and that death occurred on the date and hour stated above.
Immediate cause of death CEREBRAL HEMORRHAGE

8. AGE: Years Months Days If less than one day
68 4 9 hr. min.

Due to Chronic hypertension
Due to MENYRAL ARTERIOSCLEROSIS
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Webster Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings: Of operations: Of autopsy: PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name E. L. ECK BURKS
13. Birthplace Webster Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Susie STINNETT
15. Birthplace Webster Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant RAY BURKS
(b) Address Fordland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fordland Cem.

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

18. (a) Signature of funeral director Keller - Ferrell
(b) Address Rogersville, Mo.
19. (a) October 27, 43 (Date received local registrar) Susie O. Beach (Registrar's signature)

23. Signature Dr. W. C. Kell (M. D. or other) DD
Address 2100 S. Halland Ave Date signed 10/26-43

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

RECEIVED

District Health Officer No. 6;

District File Number 1143-1216

Date Filed NOV 10 1943

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

J. H. Kelley

Licensed Embalmer No.

3334

P. O. Address

Seymour

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.