

FILED FEB 16 1944

Registration District No. 28

Primary Registration District No. 3006

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Route 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Rural Route 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNEST BURKS

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 9 - 4 - 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name J.W. Burks

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

14. Maiden name Lucy Jane Hopper

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

16. (a) Informant Leslie Burks
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 1-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director _____
(b) Address Columbia, Mo.

19. (a) 1-8-44 (b) Edna H Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1944 hour 11:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-29-43 to 12-29-43 that I last saw him alive on 12-29-43 and that death occurred on the date and hour stated above.

Immediate cause of death heart disease

Due to no data

Due to _____

Other conditions Age 95
(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) (e) Means of injury

23. Signature F. Williams (M. D. Seal)
Address Columbia, Mo. Date signed 1/8/44

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

1000

MOTHER, FATHER

10

5

0

0

0

6

11:30

12-29-43

12-29-43

1943

Duration

no data

no data

no data

Age 95

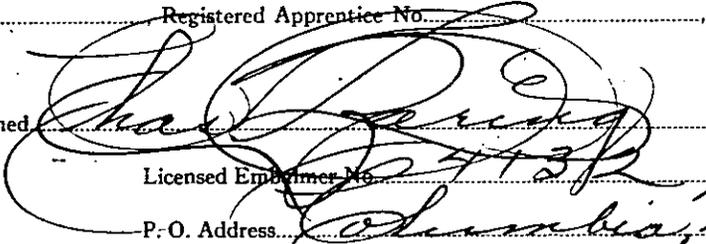
no data

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed 

Licensed Embalmer No.

P.O. Address. Columbia, S.C.

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.