

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18926

FILED JUN 2 1944

Registration District No. 2

Primary Registration District No. 4430

Registrar's No. 50

1. PLACE OF DEATH:

(a) County... Pulaski
(b) City or town... Crocker
(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... 20 Years
years, months or days)

3. (a) PRINT

FULL NAME Nancy Ann Burks

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex... Female

5. Color or
race... White

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

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

Howard Burks

6. (c) Age of husband or wife if

alive... 67

years

7. Birth date of deceased...

April 11,

(Month) (Day)

1877 (Year)

8. AGE:

Years

Months

Days

If less than one day

67

1

3

hr.

min.

9. Birthplace...

Miller Co.

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation...

House Wife

11. Industry or business...

MOTHER FATHER

12. Name... Hamon Shelton

13. Birthplace... Miller Co.

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name... Martha Ann Williams

15. Birthplace... Miller Co.

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant... Howard Burks

(b) Address... Crocker

Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

5/17/44

(Month) (Day) (Year)

(c) Place: burial or cremation... Hickory Point Cem.

18. (a) Signature of funeral director... J. L. HOOPS & SONS

(b) Address... Crocker, Mo.

19. (a) 5-26-1944

(Date received local registrar)

(b) 622 M C 04

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Pulaski
(c) City or town... Crocker,
(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...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 14
year... 1944 hour... 12 minute... 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 1937
19... to May 14, 1944
that I last saw her alive on Apr. 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death...
Coronary Thrombosis
Due to Arteriosclerosis
Due to

Duration

15 yrs

Other conditions...
(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)
Means of injury

23. Signature... C. Waller (M. D. or other)
Address... Crocker, Mo. Date signed... 5-25-44

1170

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1948

JUN 28 1949

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

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Groceries, Mass.*

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.