. S. No. 2
OM—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24414

State File No. .....

FILED JUL 26 1944

Registration District No. .....

Primary Registration District No. 5289

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay

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

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

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

In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty (If outside city or town limits, write "RURAL") 0

(d) Street No. Route #2 (If rural, give location) 0

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME WILLIAM E. BURK

3. (b) If veteran, name war none

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Mary W. Burk

6. (c) Age of ~~husband or~~ wife if alive 71 years

7. Birth date of deceased Jany (Month) 18 (Day) 1866 (Year)

8. AGE: Years 78 Months 5 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Plover, Wis (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Geo Burk Pa.
13. Birthplace ..... (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Annie Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Mrs. Mary W. Burk

(b) Address Liberty, Mo R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty, Mo

18. (a) Signature of funeral director Church - Archer Co.

(b) Address Liberty, Mo.

19. (a) July 5 1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1944 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 1, 1944, to July 1, 1944; that I last saw ..... alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular accident — Duration 3-4 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 83a

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? ..... (Specify type of place)

While at work ..... (e) Means of injury .....

23. Signature R H Dunham MD (M. D. or other)

Address North KC, Mo Date signed 7/5/44

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-25-47

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.