

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30450**

FILED SEP 21 1945

Registration District No. **106**

Primary Registration District No. **4.123**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Ava**
(c) Name of hospital or institution: **Berlin**
(If outside city or town limits, write "RURAL" and name of township)
(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

3. (a) PRINT FULL NAME **James Henry Burke**

3. (b) If veteran, name war **V** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Viola Burke** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Jan. 27, 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **27** If less than one day hr. min.

9. Birthplace **Warren County, Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

11. Industry or business

12. Name **Henry Thomas Burke**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Malissa Della Burns**
15. Birthplace **Jackson Co., Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Reba B. King**
(b) Address **Ava Mo.**
17. (a) **Burial** (b) Date thereof **7-30-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ava**

18. (a) Signature of funeral director **Clinkingbeard Funeral H**
(b) Address **Ava, Missouri**

19. (a) **8-1-45** (b) **Lula Spurlock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas 34**
(c) City or town **Ava**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1945** hour **6** minute **59 P** M.

21. I hereby certify that I attended the deceased from **July 1**, 19**45**, to **July 24**, 19**45**,
that I last saw him alive on **July 24**, 19**45**,
and that death occurred on the date and hour stated above.
Immediate cause of death **Stroke**

Due to **Friedrich's Ataxia**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g.i.**
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?

(Specify type of place)
While at work? (c) Means of injury

23. Signature **Dr. C. P. Kula** (M.D. or other)
Address **Ava Mo.** Date signed **8-1-45**

RECEIVED

District Health Officer No. 6,
District File Number 945-956
Date Filed SEP 19 1945

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.....

W.B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address.....

One Md

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.