

FILED OCT 3 1945

Registration District No. _____ Primary Registration District No. 5908

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

1. PLACE OF DEATH:

(a) County Pennington

(b) City or town Holland
(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 years, months or days)

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pennington

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin F. Burke

3. (b) If veteran, name war no

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1945 hour 12 minute 30 A.M.

4. Sex mo

5. Color or race w

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

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

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

7. Birth date of deceased 12 (Month) 4 (Day) 1852 (Year)

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

Immediate cause of death Baker's type pneumonia

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Brownsville, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Doris Burke

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

14. Maiden name _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 108

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss M. A. Curtis

(b) Address Memphis, Tenn 72604

17. (a) Burial (b) Date thereof 9-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director National Funeral Home

(b) Address Memphis, Tenn

19. (a) 10/20/45 (b) D. Robinson
(Date received by Registrar) (Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 78 ✓

(b) Accidental 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 108 ✓

23. Signature D. C. McLean (M. D. or other) _____

Address 7 Holland mo Date signed 10-2-45

10-45-187

NOV 2 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..... *Jas. R. Stovall*.....

Licensed Embalmer No. *3108*.....

P. O. Address *Blytheville, a*.....

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.

Registration District No. 272 Primary Registration District No. 5908

1. PLACE OF DEATH: Pemiscot
(a) County Pemiscot
(b) City or town Holland Twp
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Benjamin F Burks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 4 (Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Tenn

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I saw him _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Benjamin F Burks 19 _____
Mr Burks 19 _____
I know do not 19 _____
remember the date
had a broken hip
made of farm from
a full on farm
was old
the developed pneumonia
static & died from same
Other conditions _____ (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) no
(b) Date of occurrence not remember
(c) Where did injury occur? on farm (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury fall
23. Signature D. M. Lewis (M. D. or other)
Address Holland Twp Date signed 11-24-45

SUPPLEMENTAL

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

34288