

S. No. 2
 M-5-43
 v. 5-17-39
 I X36871

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20887**
 Registrar's No. **93**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1098 days
(Specify whether)
 In this community 1098 days
years, months or days

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? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Inah I. Burks
 3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female / 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 February 11 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 29 _____ hr. _____ min.

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

10. Usual occupation Saleslady

11. Industry or business _____

MOTHER, FATHER { 12. Name Howard Bentley Burks
 13. Birthplace Iberia Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Ann Shelton
 15. Birthplace Iberia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
 (b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Reinterred (b) Date thereof June 9 46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crocker Mo

18. (a) Signature of funeral director Forrest & Home
 (b) Address Mo. State San., Mount Vernon, Mo.

19. (a) 6-21-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:
 20. DATE OF DEATH: Month June day 9
 year 1946 hour 8 minute 05 A.M.
 21. I hereby certify that I attended the deceased from June 6, 1943 to June 9, 1946
 that I last saw her er alive on June 9, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary tuberculosis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration over 3 yrs.
 1381

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) med
 Address Mo. State San., Mount Vernon, Mo. Date signed 6-9-46

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

154

RECEIVED

District Health Officer No. 6,

District File Number 746-697

Date Filed JUL 2 - 1946

DEC 16 1945
JUL 19 1946

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address MT Vernon 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.