V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26662

Registration District No. 73 Primary Registration District No. 5302 Registrar's No. 7

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

25505

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Henley, Rural Clark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community about a weeks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Henley Rural Clark
(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 —

3. (a) PRINT FULL NAME Wilfred Jason Burks

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Infant

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

X 7. Birth date of deceased Aug 4th 1946
(Month) (Day) (Year)

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

9. Birthplace Cole Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name Jason Chandler Burks
13. Birthplace Cole Co. Henley Mo.
(City, town, or county) (State or foreign country)

MOTHER
X 14. Maiden name Lillian Gertrude Hunepal
X 15. Birthplace Hearley Mo Cole Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Mae Burks
(b) Address 325 Bolivar, Jefferson City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/46
(Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Eugene Cemetery

X 18. (a) Signature of funeral director R. M. Schaer
(b) Address Eugene Mo.

19. (a) 8-20-1946 (Date received local registrar) (b) Mrs. T. L. Glover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 16, 1946, to Aug 19, 1946
that I last saw him alive on Aug 19, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Bronchitis	
Due to: Weakness	
Due to: —	
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.

1060

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 Geo H Shirley M.D. (M. D. or other)

Address Eugene Mo. Date signed 8/19/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-3
Date Filed 9-3-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by mé, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.