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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 695

FILED SEP 10 1946
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Northview
(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 Virgil Burks
(b) If veteran, name war UNK.
(c) Social Security No. UNK.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 21st
year 1946 hour 8 minute 25 P.M.
21. I hereby certify that I attended the deceased from 8
27 1946 to 8-21 1946
that I last saw him alive on 8-21 1946
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Sallydane Bryant Burks 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Aug 2, 1909
(Month) (Day) (Year)

Immediate cause of death: Cardiac failure
Due to Chronic glomerular nephritis
Due to _____
Other conditions Generalized edema
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
46 11 19 X hr. Y. min.

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William H. Burks
13. Birthplace Fordland Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Hammes
15. Birthplace UNK.
(City, town, or county) (State or foreign country)

16. (a) Informant William Bryant
(b) Address Northview, Mo.

17. (a) Removed (b) Date thereof Aug 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wald Cemetery

18. (a) Signature of funeral director Lex Tamey
(b) Address Marshallfield Missouri

19. (a) 8-25-46 (b) Dr. W. S. H. H. H.
(Date received local registry) (Registrar's signature)

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 E. J. H. H. (M. D. or other) MD
Address 1000 West 4th St. Springfield Mo. Date signed 8-25-46

AUG 19 1952

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 Eric Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.

X