S. No. 2
M—5-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

Registration District No. 126

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37403

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
729 Ohio Avenue
(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 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 729 Ohio Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Naoma Gorda Burk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Lem Burk

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August (Month) 17 (Day) 1896 (Year)

8. AGE: Years 50 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Marysville (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Jeff. Smith
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Lou Woolsie
15. Birthplace (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Lem Burk
(b) Address 729 Ohio Ave., Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Cem

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th. St., Joplin, Mo.

19. (a) 11-13-46 (Date received local registrar) (b) Ed [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1946 hour 6:00 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 16 1946, 19..., to Nov. 11 1946, 19...; that I last saw her alive on October 28 1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General carcinomatosis..	2 yrs
Due to malignancy of uterus, hysterectomy in 1944.	
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.
(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 [illegible] (M. D. or other)
Address Frisco Bldg, Joplin Mo Date signed 11/12/46.

134 (Licensed Embalmer's Statement on Reverse Side)

46-11-992

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.