

FILED DEC 28 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41535

Registration District No. 247

Primary Registration District No. 3049

Registrar's No. 76

1. PLACE OF DEATH

(a) County Pemiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs
years, months or days)

3. (a) PRINT FULL NAME Claud E. Burke

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Chlob 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 8th 1978
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country) 9
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Chlob Burke

(b) Address Hayti, Mo

17. (a) Burial (b) Date thereof 12/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Hayti, Mo

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

(b) Address Hayti, Mo Box 429

19. (a) 12-18-46 (b) W. Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Hayti 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1946 hour 5:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct-1st 1946 to Dec-8th 1946

(that I last saw him alive on 12/7 1946 and that death occurred on the date and hour stated above.)

Immediate cause of death Cardiac asthma 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950
Of autopsy _____

Duration

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) _____
(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? n

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. D. Denton (M. D. or other) MD
Address Hayti, Mo Date signed 12/16/46

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

12-46-~~266~~ 272

FEB 24 1947

APR 28 1947

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 John J. Germani

Licensed Embalmer No. 4355

P. O. Address Hayti, Mr. Box 46

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, above space should be left blank.