

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

3/20

FILED MAR 10 1947

1. PLACE OF DEATH: Daviess  
 (a) County: Daviess  
 (b) City or town: Pattonsburg  
 (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: 10 Yrs (Specify whether years, months or days)  
 In this community: 10 Yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME: William Arch Burke  
 3. (b) If veteran, name war: X  
 3. (c) Social Security No.: X

4. Sex: M, Color or race: W  
 5. Color or race: W  
 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Mary E. Burke  
 6. (c) Age of husband or wife if alive: 81 years  
 7. Birth date of deceased: Dec 26 1866 (Month) (Day) (Year)

8. AGE: Years 80, Months 0, Days 26, If less than one day hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)  
 10. Usual occupation: Retired Farmer

11. Industry or business:  
 12. Name: John Burke  
 13. Birthplace: not known (City, town, or county) (State or foreign country)  
 14. Maiden name: Martha Newby  
 15. Birthplace: not known (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mary E. Burke  
 (b) Address: Pattonsburg, Mo  
 17. (a) Burial (Burial, cremation, or removal)  
 (b) Date thereof: Jan 24 1947 (Month) (Day) (Year)  
 (c) Place: burial or cremation: Fairview

18. (a) Signature of funeral director: J. Brown  
 (b) Address: Pattonsburg, Mo  
 19. (a) Feb 5 1947 (Date received local registrar)  
 (b) Virginia M. Engelhardt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Mo (b) County: Daviess  
 (c) City or town: Pattonsburg (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:

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 22 year 1947 hour 10 minute 5 P.M.  
 21. I hereby certify that I attended the deceased from 1 week to 1947 that I last saw him alive on 1947 and that death occurred on the date and hour stated above.

Immediate cause of death:  
 Due to: Lung cancer  
 Due to:  
 Other conditions (Include pregnancy within 3 months of death):  
 Major findings:  
 Of operations:  
 Of autopsy:  
 PHYSICIAN: J. D. O. A.  
 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) (b) Means of injury:  
 23. Signature: J. D. O. A. (M. D. or other)  
 Address: Pattonsburg, Mo Date signed: 1/24/47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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..... *E. Schomer* .....

Licensed Embalmer No. 2857 .....

P. O. Address Pattonsburg, 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.