

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947
Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16030
Registrar's No. 76

Primary Registration District No. 3072

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
511 North Lyon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community All His Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 511 North Lyon 2
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Lawrence Burks

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12
year 1947 hour _____ minute _____ M.

3. (b) If veteran, name war # _____ 3. (c) Social Security No. 487-09-0827

21. I hereby certify that I attended the deceased from April 9 to April 12 1947
that I last saw him alive on April 12 1947
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

Immediate cause of death Coronary thrombosis
Duration _____

6. (b) Name of husband or wife Catherine E. Knight 6. (c) Age of husband or wife if alive 49 years

Due to Hypertension
Due to _____

7. Birth date of deceased April 29, 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 13 If less than one day hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 9 & A
Of operations _____
Of autopsy _____

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

10. Usual occupation Car Salesman

11. Industry or business 11 11

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ella Jackson

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Burks

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Surry
(b) Address 14th. St. Marshall, Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

19. (a) Apr 11 (b) J. Leslie Surry
(Date received local registrar) (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 0

23. Signature J. Leslie Surry (M. D. or other) _____
Address Marshall, Mo. Date signed 4-15-47

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

7
1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-2-47

MAR 9 1948

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 _____

Licensed Embalmer No. 32315

P. O. Address Marshall, W. Va.

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.