

FILED JUN 18 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 708 Court St. 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 Life years, months or days

3. (a) PRINT FULL NAME John Wilson Burks

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Burks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19 - 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Pinkney Burks

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

14. Maiden name Mary Elizabeth Blankenship

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

16. (a) Informant Mr. Frank Carr

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof June 10 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersburg

18. (a) Signature of funeral director Glen J. Mauger

(b) Address 712 Court Fulton, Mo.

19. (a) June 13 1947 (b) Joel Morsinkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Court St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1947 hour 5⁰⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from 3 19 1938, to June 7, 1947
that I last saw him alive on June 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death chol. myocarditis
intercerebrum

Due to _____

Due to _____

Other conditions Terrific hypotensive pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? 0

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

23. Signature Nancy Durst (M. D. or other) h. d.

Address Fulton, Mo. Date signed 6/9/47

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

Duration

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 6-17-47

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 Glen G. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.