

S. No. 2
M-5-43
5-17-39
I X3687

FILED DEC 15 1947
Registration District No. 128

Primary Registration District No. 5466

State File No. _____
Registrar's No. 1018

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours 45 m.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELI BURKS

3. (b) If veteran, name war none

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 Martha Burks

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 7 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	17	hr. 0 min.

9. Birthplace Webster County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

MOTHER FATHER

12. Name Hosea Burks

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Bertha Sudhamier

(b) Address Glenco, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Nov 27 - 47
(Month) (Day) (Year)

(c) Place: burial or cremation Fordland mo

18. (a) Signature of funeral director H. H. Kelley

(b) Address Fordland mo

19. (a) 11-27-47
(Date received local registrar)

(b) W. E. Blundley
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1947 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-24-47, 19____, to 11-27-47, 19____;
that I last saw him alive on 11-24-47, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congestive heart failure

Due to _____

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) _____

(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 _____

23. Signature R. A. Michael
Address Springfield, Mo
Date signed 11-27-47

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 *J. H. Kelley*.....

Licensed Embalmer No. *3334*.....

P. O. Address *Fordland 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.