

FILED APR 14 1948

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

7838

Do not use this space.

**1. PLACE OF DEATH**

(a) County Boone Registration District No. 38  
 (b) Township \_\_\_\_\_ Primary Registration District No. 40.51  
 (c) City Hallsville or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** HARRY H. BURKS

(a) Residence, No. Hallsville, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Burks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 8 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Missouri13. NAME Linsfield Burks14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Kate Batzell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. Martha Burks  
(ADDRESS) Hallsville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Mo. DATE 3-31-194819. FUNERAL DIRECTOR (NAME) Parsons Funeral Service  
(ADDRESS) Columbia, Mo.20. FILED 3-31-1948 Mrs. R. E. Palmer  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-194822. I HEREBY CERTIFY, That I attended deceased from 6-26-47, 1947, to 3-30-48, 1948I last saw him alive on 3-30-48, 1948. Death is said to have occurred on the date stated above, at 1:40 AM

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onsetOther contributory causes of importance: 310  
Cardio-Renal Syndromeand Coronary Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1948

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_(Signed) J. P. Baker, M.D.(Address) Columbia - Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 12 1948

DISTRICT HEALTH OFFICER NO. 9

RECEIVED

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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 Chas L. Traving

Licensed Embalmer No. 4132

P. O. Address Columbia, 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, above space should be left blank.**