No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948
Registration District No. 186

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9064
Primary Registration District No. 2001
Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three Weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla. (b) County Ottawa 999
(c) City or town Quapaw, Okla. 34
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Lena Burks
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fm.
5. Color or race White
6. (a) Single, widowed, married, divorced Fm
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 28 (Day) 1901 (Year)

8. AGE: Years 47 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Jane, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James W. Ross
13. Birthplace Lincoln, Neb. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Coffee
15. Birthplace Jane, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant C. W. Burks
(b) Address Quapaw, Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation G. A. R. Miami
18. (a) Signature of funeral director Mrs. V. M. Gordon
(b) Address Mrs. Picher, Okla
19. (a) 3-15-48 (Date received local registrar) (b) Dolores Lamphins Dr. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 6:00 P.M. minute M.
21. I hereby certify that I attended the deceased from Dec 31 1943, 19, to March 6 1948 19; that I last saw her alive on March 6 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	6 Mon.
Due to Hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: none
Of operations
Of autopsy
130

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? (Specify type of place)
While at work (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Frisco Bldg, Joplin Mo. Date signed 3/11/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-3-243

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 Mrs. V. M. Goodson

Licensed Embalmer No. 1088

P. O. Address Pecher, Okla

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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Tena Burke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~

6. (b) Name of husband or wife C. W. Burke

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

7. Birth date of deceased Jan (Month) 28 (Day) 1901 (Year)

8. AGE: Years 47 Months 1 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 6 year 1948 hour 6 minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-9064