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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 10 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution St. Francis Hosp.
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Safford
(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 EDDIE RUDASILL BURKE

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

4. Sex Male 5. Color or race White 6. (a) ~~Single~~ Widower
~~widowed, married, divorced~~

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased August 17 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>9</u>	hr. min.

9. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Chas. Russell Burke

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

14. Maiden name Laura Josephine Bedard

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

16. (a) Informant Ralph Burke

(b) Address Safford Missouri

17. Removal & Burial (b) Date thereof 4/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Creek Cemetery Atchison Mo

18. (a) Signature of funeral director Marvin H. Schaler

(b) Address Safford Mo.

19. (a) 5-7-48 (b) Bess Bullock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 2, 1947 to April 25, 1948
that I last saw him alive on April 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardiac Failure</u>	<u>1 mo</u>
Due to <u>Arteriosclerotic Heart Disease</u>	<u>10 yrs.</u>
Due to

Other conditions Hypochromic Anemia, Uremia 2 wks
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 938

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 0

23. Signature [Signature] (M. D. or other) M.D.
Address Safford, Mo. Date signed 4-26-48

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ashley

R. Tucker, Registered Apprentice No. 478
working under my personal supervision.

Signed Marvin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Jaciford, 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.