

Registration District No. 99

Primary Registration District No. 5374

Registrar's No.

1. PLACE OF DEATH:

(a) County DeKalb
 (b) City or town 4 1/2 mi N.W. Osborn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32
 (c) City or town 4 1/2 mi N.W. Osborn 3
 (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 W. M. Franklin Burke

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
 6. (b) Name of husband or wife Hella S. Burke 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: aug 31 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 29 hr. _____ min.

9. Birthplace Adams Co Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name J. K. Burke
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Barber
 15. Birthplace Salem Ohio 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Thompson
 (b) Address Osborn, Mo.

17. (a) B (b) Date thereof 4-3-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ridgerville Cemetery

18. (a) Signature of general director Byron J. Sweeney
 (b) Address St. Louis, Mo.

19. (a) 9-2-48 (b) A. W. Anderson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
 year 1948 hour 6 minute 9 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 Cardiac Thrombosis Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy 94A

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 M. S. Hale (M. D. or other) _____
 Address Osborn Mo. Date signed 5/2/48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. E. Summersfield*
Licensed Embalmer No. *3007*
P. O. Address *Stewartsville 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.