

FILED DEC 1 1948

Registration District No. 282

Primary Registration District No. 4426

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Polk County  
(b) City or town Fair Play, Mo.  
(If outside city or town limits, write "RURAL" and name of township) 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 \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk **84**  
(c) City or town Rural \_\_\_\_\_  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No. (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Hugh Burks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar. 20 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Billie Burks  
13. Birthplace Scotland (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hubbard  
15. Birthplace Polk Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Hawkins  
(b) Address Fair Play, Mo.

17. (a) burial (b) Date thereof Nov. 14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Fair Play, Mo.

18. (a) Signature of funeral director Barber Erwin Blue

(b) Address Fair Play, Mo.

19. (a) Nov 24, 1948 (b) Ralph Garden  
(Date received local registrar) (Official's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12  
year 1948 hour one minute 15 AM.

21. I hereby certify that I attended the deceased from April 8, 1933 to Nov 8, 1948  
that I last saw him alive on Nov 8th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **6 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations GBA

Of autopsy \_\_\_\_\_

Duration  
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 Ralph Garden (M. D. or other) **2**  
Address Fair Play Mo Date signed 11/16/48

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

RECEIVED

District Health Officer No. 7,

Medical File Number 10-48-1384

Date Filed 11-30-48

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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

*Willard B Erwin*

Licensed Embalmer No.

*3092*

P. O. Address

*Balvar, 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.