

FILED JUN 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17945

Registration District No. 14

Primary Registration District No. 4211

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Henry County
 (b) City or town Windsor, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
504 East/Florence St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Johnnie Charles Bourke

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-07-7535

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 March 1, 1904
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>10</u>	hr. min.

9. Birthplace Iroquois County/ Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Chicken sexer

MOTHER FATHER

11. Industry or business _____

12. Name A. E. Bourke

13. Birthplace Iroquois County/ Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Laura E. Pease

15. Birthplace Litchfield / Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant A. E. Bourke

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-14-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) 5-11-41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
 (c) City or town Windsor, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 504 East Florence St.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
 year 1941 hour 9.7 minute _____ M.

21. I hereby certify that I attended the deceased from May 11th to May 11th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from taking Phenydrin.

Due to ill health.

Due to Result of drinking liquor

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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) suicide

(b) Date of occurrence May 11th, 1941

(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? 3rd up (Specify type of place) (e) Means of injury Structure

23. Signature [Signature] (Physician or other)

Address Windsor, Mo. Date signed May 11, 1941

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

RECEIVED
District Health Officer No. 7,
District File Number ~~1-41-1053~~
Date Filed ~~6-23-41~~

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..... *E. W. H. Hinton*

Licensed Embalmer No. *3391*

P. O. Address *Windsor, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.