

FILED DEC 14 1943

Registration District No. _____

Primary Registration District No. 5176

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Camden Anglaise Sup
(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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Araron a Burke

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

0 4. Sex Male 6. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lila Burke 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 9 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business farming

MOTHER FATHER { 12. Name Mark Burke
13. Birthplace Jenn (City, town, or county) (State or foreign country)
14. Maiden name Sarah Woolley
15. Birthplace Camden County Mo (City, town, or county) (State or foreign country)

16. (a) Informant H W Burke

(b) Address Stoutland Mo

17. (a) Burial (b) Date thereof Oct 24 1943 (Month) (Day) (Year)

(c) Place: burial or cremation High House Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec 11 1943 (b) Edith Nelson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Rural Anglaise Sup 015 (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) _____

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1943 hour 8 am minute _____ M.

21. I hereby certify that I attended the deceased from July 10 1943 to Oct 21 1943 that I last saw him alive on Oct 21 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Cordis leading to Subarachnoid Hemorrhage
Due to 1. Coronary Hemorrhage

Due to 131a

Other conditions (Include present or previous months of death) Cerebral Hemorrhage
Major findings: Of operations _____

Of autopsy _____

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. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

505

RECORDED

District Health Officer No. 7.

District File Number 11-43-136 8

Date Filed 12-13-43

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 Whi Bankson - Waples

Licensed Embalmer No. 2488

P. O. Address Landenton, m

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, above space should be left blank.