

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37835

State File No. \_\_\_\_\_

Registrar's No. 45

FILED DEC 14 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5176

1. PLACE OF DEATH:

- (a) County Camden  
(b) City or town Rural Anglinz Twp  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location) \_\_\_\_\_

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

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Arson 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 Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Woolley  
15. Birthplace Camden Burt 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 Highway Cemetery

18. (a) Signature of funeral director [Signature]

- (b) Address Stoutland Mo

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 Anglinz Twp 015 0  
(If outside city or town limits, write "RURAL")  
(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 Hyper tension Cordis  
Wabsthor Ringel disease  
Due to 11 Coronary Arteriosclerosis

- Due to 131a

- Other conditions (Include pregnancy within month of death) Cirrhosis of liver  
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.

RECEIVED

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 - Woolery*

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.