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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38602

FILED DEC 11 1941

Registration District No. 4223 Primary Registration District No. 4223 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Holden Township Madison
(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 years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. 4th & Olive St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME William Clinton Burk
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 Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive —
7. Birth date of deceased July (Month) 30 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	26	— hr. — min.

9. Birthplace Johnson County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business —
MOTHER FATHER
12. Name Wm Burk
13. Birthplace West Va. (City, town, or county) (State or foreign country)
14. Maiden name Rachael Brammer
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant G. E. Burk
(b) Address Centerview Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cemetery Warrensburg Mo
18. (a) Signature of funeral director T. Goodman
(b) Address Holden Mo
19. (a) Nov. 30 (Date received local registrar) (b) Mrs Frank Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1941 hour 2:00 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 20, 1941, to Nov 27, 1941; that I last saw h. alive on Nov 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration
Due to —
Due to —
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy 94 P

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 0

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 11/28/41

1000

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number
Date Filed 12 - 9 - 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. Samuel B Rogers
Licensed Embalmer No. 4044
P. O. Address Holden, Mo.

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

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