

No. 2
1-4-41
17-39
X26330

FILED FEB 18 1942

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Mo.

(c) Name of hospital or institution: St. Johns Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 30 minutes
(Specify whether years, months or days)

In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 2119 Joplin St
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME HARRY LYNN BURK

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

4. Sex Male 5. Color or race White 5. (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 April 13 1935
(Month) (Day) (Year)

8. AGE: Years 7 Months 9 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Child

MOTHER FATHER
12. Name James W. Burk

13. Birthplace Fairfield Mo
(City, town, or county) (State or foreign country)

14. Maiden name Leana Mae Fournier

15. Birthplace Macon Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Burk

(b) Address 2119 Joplin St - Joplin Mo

17. (a) Burial (b) Date thereof 1-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ostern Mem.

18. (a) Signature of funeral director Thomhill - Dillon Mortuary

(b) Address Joplin Mo

19. (a) 1-31-42 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1/18/42 to 1/18/42 that I last saw alive on 1/18/42 and that death occurred on the date and hour stated above.

Immediate cause of death Purpura (Fulminans)

Due to idiopathic

Due to 172a

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy specimen sent to pathologic lab for findings

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? _____

23. Signature Ed James (M. D. or _____)
Address 391 Frisco Bldg Joplin Mo Date signed 1/18/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged.

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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..... *David Hillow*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin, 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.