V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2986

Registration District No. 604 Primary Registration District No. 5802 Registrar's No. 7

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

72
0
0

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural. New Madrid Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

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

(d) Street No. 7 Miles W. of Conran
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Burk, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 2

5. Color or race C

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 April (Month) 4 (Day) 1941 (Year)

8. AGE: Years | Months 8 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace New Madrid, Co (City, town, or county) Mo D (State or foreign country)

10. Usual occupation Child.

11. Industry or business

FATHER
12. Name Charles Burk. 1
13. Birthplace Greenville (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Alchorn
15. Birthplace ✓ (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Charles Burk.
(b) Address Jay Wye. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 16 (Day) 1941 (Year)
(c) Place: burial or cremation Jay Wye. Mo.

18. (a) Signature of funeral director Richards and Co
(b) Address New Madrid Mo.

19. (a) Dec 19 1941 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1941 hour 7:00 minute ✓ a. M.

21. I hereby certify that I attended the deceased from ✓, 19..., to ✓, 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death No Medical attendant, By all records was Pneumonia.

Due to .....

Due to .....

Other conditions 109
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy .....

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) ✓
(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 3

23. Signature Leo Hedgepeth Deputy Coroner (M.D. or other)
Address New Madrid Mo Date signed 12/16-41

1031

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 142-55
Date Filed 1-16-42

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.