S. No. 2
—9-4-41
5-17-39
PI X29484

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. 23991

FILED AUG 18 1942

Registration District No. 1225 — Primary Registration District No. 3609 — Registrar's No. 219

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

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

(d) Street No. 775 Perry Ave (If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Joseph A. Burk

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 6 (Day) 1860 (Year)

8. AGE: Years 82 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Bollinger Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Burk
13. Birthplace Bollinger Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Susan McGee
15. Birthplace Bollinger Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant O. W. Burk

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Ivy Cemetery

18. (a) Signature of funeral director Walthers Fund Co

(b) Address Cape Girardeau Mo.

19. (a) 7-28-42 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from July 9, 1942, to July 24, 1942 that I last saw him alive on July 24, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	15 days
Due to Cardio-renal-Vascular disease	2 yrs.
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings: Of operations ✓

Of autopsy ✓

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

23. Signature H. Hoashley (M. D. or other) MD

Address Cape Girardeau Mo Date signed 7-28-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 842-1032
Date Filed 8-16-42

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 J. W. Pister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, 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.