

FILED SEP 17 1942

Registration District No. 289

Primary Registration District No. 3043

Registrar's No.

188

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Farmibol
(c) Name of hospital or institution: Levee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution eight days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Bowling Green Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour 1 minute 05 P.

21. I hereby certify that I attended the deceased from June 20, 1942 to June 27, 1942
that I last saw him alive on June 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uric acid
Due to hypertension, gouty arthritis with cerebral arteriosclerosis
Due to and coronary septa

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 7 wk

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Harold Redlich (M. D. or other) _____
Address Farmibol Mo Date signed 6-1-42

3. (a) PRINT FULL NAME William Porter Burks

3. (b) If veteran, name war X 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Elyza Nash Burks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 12 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 15 hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Alfred C. Burks

13. Birthplace Petersburg Va
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Boyd

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

16. (a) Informant's own signature _____
(b) Address Levee Hospital

17. (a) Burial (b) Date thereof June 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levee Hospital

18. (a) Signature of funeral director Grace Bauls
(b) Address Bowling Green Mo.

19. (a) Aug 17 1942 (b) J. H. Connor
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number.....

Date Filed

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..... *C. G. Roof*

Licensed Embalmer No. *3044*

P. O. Address *Burlington, Vermont*

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.