

ED SEP 2 1943 \$2-  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3017

Registrar's No. 95

1. PLACE OF DEATH:  
(a) County **COOPER**  
(b) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**424 WEST STREET /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **16 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JAMES ALBERT BURKS**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **MALE**  
5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **BROOKSIE BURKS**  
6. (c) Age of husband or wife if alive **58<sup>11</sup>** years  
7. Birth date of deceased **FEBRUARY 24 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59 5 16** hr. min.

9. Birthplace **HOWARD COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED RAILWAY EMPLOYEE**

11. Industry or business **M. K. & T. R. R.**

12. Name **YELL BURKS**

13. Birthplace **HOWARD COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **JAMES H. BURKS**

(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **AUG. 11, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ASHLAND CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **Aug-10-43** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **BOONVILLE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **424 WEST STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **9**  
year **1943** hour **2:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **December 1942 to Aug 9 1943**  
that I last saw him alive on **Aug. 10 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation**

Due to **Cardiac failure**

Due to **Chronic myocarditis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **930**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **Geo. W. Blankenship M.D.**

Address **Boonville Mo.** Date signed **8-10-43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filled 9-1-43.....

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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 James W Stegner  
Licensed Embalmer No. 3786  
P. O. Address Boonville, 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.