

**FILED MAR 13 1944**

Registration District No. 157

Primary Registration District No. 5588

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sarcxie (Rural) TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution  
In this community 64 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sarcxie Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME Joseph B. Burkey

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

4. Sex M 5. Color or race f 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dona 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 29 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer  
11. Industry or business general farming

MOTHER FATHER { 12. Name Anton Burkey  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna (dont know)  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jos. B. Burkey  
(b) Address Sarcxie, Missouri  
17. (a) Burial (b) Date thereof 2/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sarcxie Cemetery

18. (a) Signature of funeral director Roland Engelage  
(b) Address Sarcxie, Missouri

19. (a) Feb 16 44 (b) Elizabeth Coupland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14  
year 1944 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-2-44  
1944, to 2-14- 1944  
that I last saw him alive on 2-13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia  
Due to 12 days

Due to 107  
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?

While at work? (Specify type of place) (e) Means of injury   
23. Signature [Signature] (M. D. or other)   
Address Sarcxie Mo Date signed 2-15-44

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

49  
0  
0

44-2-210

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 Geo. B. Owen

Licensed Embalmer No. 946

P. O. Address 7th Vermont St

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.