S. No. 2
M—2-43
7. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27818

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 480

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: E. CALDWELL ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 81 YRS 10 MO.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: PARIS 2
(If outside city or town limits, write "RURAL")
(d) Street No.: E. CALDWELL ST. 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 6
If yes, name country: ✓

3. (a) PRINT FULL NAME: MARTIN EDWARD BUERK

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: SINGLE ()

6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: OCT. (Month) 5, (Day) 1864 (Year)

8. AGE: Years 81 Months 10 Days 0 If less than one day hr. min.

9. Birthplace: PARIS (City, town, or county) MO (State or foreign country)

10. Usual occupation: JEWELER — RETIRED

11. Industry or business:

FATHER
12. Name: THOS. BUERK II
13. Birthplace: WURTEMBURG (City, town, or county) GERMANY (State or foreign country) 1

MOTHER
14. Maiden name: AGNES SLANKER
15. Birthplace: WURTEMBURG (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant: Lynna Rowland
(b) Address: 7484 GANNON, ST. LOUIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG 7, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE

18. (a) Signature of funeral director: Speed & Blakey
(b) Address: PARIS, MO.

19. (a) 8-6-46 (Date received local registrar) (b) Eldest Baker MC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 5 year 1946 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Aug. 5, 1946, that I last saw him alive on Aug. 3, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heat Exhaustion	18 days
Due to: Senility	
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: F. A. Burnett (M. D.)
Address: PARIS, MO. Date signed: 8-6-46

20.00 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Number No. 10
District File Number 8-10-1539
Date Filed AUG 14 1946

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 Edmond H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.