

FEDERAL SECURITY AGENCY

Office of Vital Statistics

FILED SEP 19 1947

Registration District No. 2247

MISSOURI, DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5796

State File No. 31876

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town McGirk, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McGirk, Mo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community Life

3. (a) PRINT FULL NAME Robert E. Burks

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Carl Burks 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased April 16 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 27 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Carl Burks

12. Name Missouri

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

14. Maiden name Unknown

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

16. (a) Informant Irene Hays

(b) Address California Mo 41

17. (a) Burial (b) Date thereof Sept. 14. 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cent. California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) 9/13/47 (b) H. P. Burks
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town McGirk, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. McGirk, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1947 hour 2/30 minute P.M.

21. I hereby certify that I attended the deceased from Aug 4, 1947
to Sept 12
that I last saw him alive on Sept 12
and that death occurred on the date and hour stated above.

Immediate cause of death metastasis of carcinoma of uterine cervix
of high grade

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature H. P. Burks (M. D. or other)

Address California, Mo Date signed 9/13/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 1947

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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Boulton
Licensed Embalmer No. 2126
P. O. Address California 740

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.