

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36475
 Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 444
 (b) Township Jeddo Primary Registration District No. 5604
 or
 City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henretta Wood Burkhart
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF J. A. Burkhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1871

7. AGE YEARS 68 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Ill

FATHER 13. NAME William H. Lindsey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

MOTHER 15. MAIDEN NAME Ellen Justin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

17. INFORMANT (ADDRESS) Lois Walter, Geneva, Ia.

18. BURIAL, CREMATION OR REMOVAL PLACE Monroe City Mo DATE Oct 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seeger & Walter, Monroe City Mo.

20. FILED Oct 27 1939 Mr. C. M. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1939 to Oct 23 1939
 I last saw him alive on Oct 23 1939 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocardial Disease of the Myocardial Wall
 Date of onset _____

Other contributory causes of importance: 92 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) J. R. Northcutt, M. D.
395 (Address) R. M. Knott, City Mo.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1906

Date Filed NOV 8 1939

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 Armed Wolter

Licensed Embalmer No. 684

P. O. Address Asst of Reg M

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.