No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31293

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 128

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain

(c) City or town: Mexico
(If outside city or town limits, write "RURAL")

(d) Street No.: Morris St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

3. (a) PRINT FULL NAME: Thomas Floyd Burkett

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Dolly

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: March (Month) 8 (Day) 1887 (Year)

8. AGE: Years 53 Months 6 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace: Marion, Va. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: I. Newton Burkett
13. Birthplace: (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name: Chirty Cline
15. Birthplace: (City, town, or county) Va. (State or foreign country)

16. (a) Informant: Henry Burkett
(b) Address: Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Geo Arnold
(b) Address: Mexico Mo

19. (a) Sept - 28 - 1940 (Date received local registrar) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1940 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coroners Case

Due to: Accidental

Due to: Falling Brick from factory wrecked Brick Kiln at old Brick plant

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 1944 Pa
Of autopsy: K D

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): Accidental
(b) Date of occurrence: Sept 27 - 1940
(c) Where did injury occur? Mexico (City or town) Audrain (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 22 Industrial place (Specify type of place)
While at work? No. (e) Means of injury:

23. Signature: B. W. Marlow (M. D. or other) Coroner. 5
Address: Mexico Date signed 9/27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1821
Date Filed OCT 18 1940

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 [illegible]

Licensed Embalmer No. 3569

P. O. Address Marceline Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.