DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10466

MAR APR 10 1941

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 903 Moreau Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Missouri 4
(If outside city or town limits, write "RURAL")

(d) Street No. 905 Fairmount Blvd 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Ida P. Burkhardt

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced / married

6. (b) Name of husband or wife Theodore G. Burkhardt 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November (Month) 25 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	4	1	hr. min.

9. Birthplace Califnoria, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Daniel A. Slanker
13. Birthplace Pa /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Holzer
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Jefferson City, Missouri

19. (a) 3-31-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1941 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 26, 1941, to March 26, 1941;
that I last saw her alive on March 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 5 hours

Due to Coronary Artery disease

Due to _____

Other conditions Stoke Adams Syndrome
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Not made

93 41

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 [signature] (M. D. or other) [signature]
Address Jefferson City Date signed March 27, 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Thorp J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City Mo

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

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