

Registration District No. 497

Primary Registration District No. 5672

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town North Salem Twp  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: \_\_\_\_\_  
 In this community: 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William John Burkholder

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Gunter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 25, 1867  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Zurich, ? Canada  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Daniel Burkholder

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

14. Maiden name Caroline Gallman

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

16. (a) Informant's own signature Bertha Burkholder

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 6/14/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Branch Cemetery

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

(b) Address Brookfield, Missouri

19. (a) 6/13/41 (b) Mrs. Rila Williams  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Purdin, rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No: 8 mi. e, 1 mi. n.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.: 71 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1941 hour 7 minute 00 a. m.

21. I hereby certify that I attended the deceased from May 24, 1941, to June 12, 1941  
 that I last saw h. alive on June 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Hypertension - Arteriosclerosis

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) § 21

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 \_\_\_\_\_  
 (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. J. Evans (M. D. or other) \_\_\_\_\_  
 Address Brookfield Mo Date signed 6-13-41

Duration 19 days  
 Underline the cause to which death should be charged statistically

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.

**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 *H. B. Wright*.....

Licensed Embalmer No. 3718.....

P. O. Address Brookfield, Mo. ....

**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.**