No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27688

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 108

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

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: 513 S. Clark St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico (If outside city or town limits, write "RURAL") 1

(d) Street No. 513 S. Clark St. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes name country

3. (a) PRINT FULL NAME Margaret Burke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William ~~Brke~~ Burke

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

7. Birth date of deceased December (Month) 13, (Day) 1855 (Year)

8. AGE: Years 85 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Oskosh (City, town, or county) Wis. (State or foreign country) 1

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Murphy
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Sarah Burke
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant James L. Burke

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 3 (Day) 41 (Year)

(c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director Earl E Prieto

(b) Address Mexico, Mo.

19. (a) July 2-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day July year 1941, hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan. 2 - 1941, 19..., to July 1 - 1941; that I last saw her alive on June 30 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart block — Duration 6 months

Due to Pneumonia - first of year. followed by

Due to Infection Salivary glands

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

Major findings:
Of operations
Of autopsy

95a

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 Paul E Coil (M. D. or ~~other~~) (1)

Address Mexico Mo Date signed 7-1-41

23

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1545
Date Filed AUG 20 1941

SEP 27 1951

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 Earl E. Precht, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.