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DEC 15 1941

State File No.

935

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 897 Normal
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 897 Normal
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Grant Burkhead

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Allie Burkhead 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased July 22 1868

8. AGE: Years 73 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Des Moines Iowa

10. Usual occupation Retired

11. Industry or business Grocer

12. Name Wm. Burkhead

13. Birthplace Unknown Maryland

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Mrs. Allie Burkhead

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 1 1941

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-1-41 (b) W. E. Handley MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1941 hour 8 minute 45 p.m.

21. I hereby certify that I attended the deceased from Dec 27 1940 to Nov 29 1941 that I last saw him alive on Nov 27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Chronic Hypertension 3 years
Atherosclerosis
Due to Diabetes Mellitus 1 year

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None Of autopsy None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Newton Wakeman (M. D. or other) 12-3-41
Address Springfield, Mo. Date signed

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

MOTHER FATHER

984

(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.....

Licensed Embalmer No. *2457*

P. O. Address.....

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, fact should be so stated above.

X