Form 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 476

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7107

Primary Registration District No. 5637

Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Verona Mo RFD 1 Box 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Verona Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence
(c) City or town: 0
(If outside city or town limits write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: William George W. Burkhart
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: Oct 24 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace: Christian County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Blacksmith
11. Industry or business:
MOTHER FATHER
12. Name: not known
13. Birthplace: not known (City, town, or county) 0 (State or foreign country)
14. Maiden name: not known
15. Birthplace: not known (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Margaret Bartich
(b) Address: Pierce City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2 22 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Pierce City Mo
18. (a) Signature of funeral director: Edwin Wilks
(b) Address: Pierce City Mo
19. (a) 2-20-42 (Date received local registrar) (b) Eunice Greene by A. McD. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1942 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Feb 2, 19 to Feb 20, 19 that I last saw him alive on Feb 2, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrage
Due to: Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
Of autopsy:

Duration

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: D. W. H. Bourgeois M.D. Date: 2/20/42
Address: Pierce City

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-320
MAR 11 1942
Date Filed

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~~ Edwin Wilkes, Registered Apprentice No. ..... working under my personal supervision.

Signed Edwin Wilkes

Licensed Embalmer No. 4131

P. O. Address Price City 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.

No. 2B
-21-41
<29288>

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7107

Registration District No. 475 Primary Registration District No. 5637 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Verona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town: Verona Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William G. W. Burkhart
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept 24 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Feb 20 1942 (Date received local registrar) (b) Eunice Greene by G. McDep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 26 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY