

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 13 1942

Registration District No. 836340 Primary Registration District No. 45074503 Registrar's No. 31

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

13
1
0

1. PLACE OF DEATH:

(a) County Stoddard

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

(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Janet Ann Burke

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 22 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>2 hr. 5 min.</u>

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ules Burke

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

14. Maiden name Julia Pointer

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

16. (a) Informant Ules Burke

(b) Address Bernie, Missouri

17. (a) Burial (b) Date thereof 7-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie,

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Bernie, Missouri

19. (a) 7-28-42 (b) Cordis Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Birth to _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 7 months Prelog Due to Placental Perinfection Duration _____

Due to _____

Due to _____

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

Major findings: Of operations

Of autopsy

PHYSICIAN _____

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 James Carleton (M. D. or other) DO
Address Malden Date signed 7-22-42

RECEIVED

District Health Office No. 2,

District File Number 842-1062

Date Filed: 8-12-42

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.

Body not embalmed

Signed.....

Licensed Embalmer No.....

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.