

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1-9-33-33

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 195

108
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
830 East Cherry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Seventy Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 830 E. Cherry St
(If rural, give location)

(e) Citizen of foreign country? Canada (Yes or No)
If yes, name country Canada

3. (a) FULL NAME MARY KATHERINE BURK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1942 hour one minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec-18-42 1942 to Dec-26- 1942
that I last saw her alive on Dec 20, 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased June 10 1864
(Month) (Day) (Year)

Immediate cause of death Myocarditis

8. AGE: Years 78 Months 6 Days 16 If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

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

9. Birthplace Not Known, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John H Aunor

13. Birthplace Not Known, Canada
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hollie

15. Birthplace Not Known, Canada
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Tyssia Pilcher

(b) Address Blasco Raus

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42
(Month) (Day) (Year)

(c) Place: burial or cremation Deerpwood Cem

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

(b) Address Nevada Mo

19. (a) Dec. 26, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

23. Signature [Signature] (Specify title of place) (M. D. or other) _____

Address Nevada, Mo Date signed 12/26/42

JAN 28 1943

RECEIVED

District Health Officer No. 71

District File Number 12-42-1494

Date Filed 1-13-43

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 W.C.
....., Registered Apprentice No. 1432
working under my personal supervision.

Signed W.C. Ferry
.....
Licensed Embalmer No. 1432
.....
P. O. Address Nevada 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, fact should be so stated above.