No. 2
-5-42
17-39
X32873

Dr. T. R. McBee

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Mrs Farrar 13599

State File No. Rich Hill, Mo.

FILED MAY 10 1943

Registration District No. 1305

Primary Registration District No. 4086

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home 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 7 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 2 7
(c) City or town Rich Hill 0
(If outside city or town limits, write "RURAL")
(d) Street No. 123 West Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME William W. Burkett

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 2 Widowed

6. (b) Name of husband ~~or wife~~ ✓ Laura Harby Burkett

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

7. Birth date of deceased Sept. (Month) 12 (Day) 1861 (Year)

8. AGE: Years 81 Months 6 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Painter (House)

11. Industry or business

FATHER
12. Name W. W. Burkett
13. Birthplace — (City, town, or county) Tenn. (State or foreign country) 1

MOTHER
14. Maiden name Margaret Elizabeth Landrum
15. Birthplace — (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Callie Burkett
(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Welborn Cemetery

18. (a) Signature of funeral director Allen E. Hays
(b) Address Nevada, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~March~~ April day 5 Th
year 1943 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from March 19 Th, 1943, to April 5 Th, 1943, that I last saw him alive on April 4 Th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Cerebral Thrombosis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings:
Of operations
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 Taylor R. McBee (M. D. or other) D.O.
Address Erke Bldg. Rich Hill Mo. Date signed 4-5-43

1302

(Licensed Embalmer's Statement on Reverse Side)

Rec Agent 6

RECEIVED
District Health Officer No. 7,
District File Number 4-43-208
Date Filed 5-7-43

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Allen V. Thayer

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 735-99

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 94a

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill
(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
In this community 7 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 W Burkett

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 mid

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

7. Birth date of deceased Sept 12 - 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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) Apr. 16. 1943 (Date received local registrar) (b) Mrs. O. W. Farrow (Registrar's signature) E.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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