

S. No. 2
M-9-4-41,
5-17-39
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18474

State File No.

Registrar's No. 8

FILED JUN 11 1943
Registration District No. 3

Primary Registration District No. 4348

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Willsville
(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 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

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

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

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

3. (a) PRINT FULL NAME NANNE CATHERINE BURKHALTER

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

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

6. (b) Name of husband or wife Horan Burkhalter 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Aug 19 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Andover Co (Rural) _____
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. Jess Langford

(b) Address Butcherhouse Kansas

17. (a) Burial (b) Date thereof May 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willsville

18. (a) Signature of funeral director Geo Kubane

(b) Address Willsville Mo

19. (a) June 3 1943 (b) Mrs. Vegie Norton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 13 1943 to May 27 1943
that I last saw her alive on May 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Duration 6 mo?

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. [unclear] (M. D. or other)

Address Willsville Mo Date signed 5/29/43

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

78
2
0

1043

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.....

C. Bluhme

..... Licensed Embalmer No.....

3059

P. O. Address.....

Wellsville N.Y.

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.