

FILED AUG 19 1943
Registration District No. 137

Primary Registration District No. 5520

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Windsor Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 3, Windsor /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth J. Burkhart

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Fe

5. Color or race White

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

6. (b) Name of husband or wife Joseph C. Burkhart

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 17 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>6</u>	<u>18</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business Goodlow Broyles

MOTHER FATHER {

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Dick Burkhart

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) July 31, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. RFD, Lincoln
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 2:10 P M minute 00

21. I hereby certify that I attended the deceased from July 24
1943 to July 29 1943
that I last saw her alive on July 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Duration 2 1/2

Due to Chronic hepatitis

Other conditions Chronic hepatitis
(Include pregnancy within 3 months of death)

PHYSICIAN —

Major findings:
Of operations 131 f

Of autopsy —

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 W. J. Jennings (M. D.)
Address Windsor, Mo. Date signed 7-30

RECEIVED

District Health Officer No. 7,
District File Number 7-43-781
Date Filed 8-6-43

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 *Wm. L. Winter*

Licensed Embalmer No. 3391

P. O. Address Winter 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.