

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike County Hospital
(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 40 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Louisiana
(If outside city or town limits, write "RURAL")
 (d) Street No. 508 N. 4th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louise Burtach
 3. (b) If veteran, name war No
 3. (c) Social Security No. 910

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 3rd
 year 1944 hour 6:30 minute PM

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Burtach
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 3 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/26/43 19____ to 1/3/44 19____
 that I last saw her alive on 1/3/44 19____
 and that death occurred on the date and hour stated above.

8. AGE:
 Years 73 Months - Days -
 If less than one day hr. - min. -

Immediate cause of death: Acute Myocarditis with decompensation oedema of lungs
 Due to _____
 Due to Metastatic Carcinoma of Liver
 Other conditions: Carcinoma of Uterus removed 7 yrs prior to death.
(Include pregnancy within 3 months of death)

9. Birthplace Newark Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation House Wife
 11. Industry or business At home
MOTHER {
 12. Name Unk known
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: Chr. Arterio Sclerosis
 Of operations _____
 Of autopsy H & E

16. (a) Informant George Burtach
 (b) Address Louisiana Mo.
 17. (a) Burial (b) Date thereof Jan 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Louisiana Mo.
 18. (a) Signature of funeral director Garner + Sherrill
 (b) Address Louisiana Mo.
 19. (a) 1-5-44 (b) H. H. Haley
(Date received local registrar) (Registrar's name)

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) (Means of injury)

23. Signature Robert L. Audras M.D.
(M. D. or other)
 Address 216 Georgia St. Louisiana Date signed 1/3/44

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

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1107

Mo.

