

FILED SEP 15 1944

4157

19

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town Steelville Missouri
(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 5 Months 11 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

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

3. (a) PRINT FULL NAME Dorothy S. Burk

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 - day 7th
year 1944 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 26
1944 to Aug. 6
1944; that I last saw her alive on Aug. 6
1944 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 W

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

7. Birth date of deceased 2-26-1944
(Month) (Day) (Year)

Immediate cause of death Epidemic diarrhea Duration 14 ds.

8. AGE: Years _____ Months 5 Days 11 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Malnutrition.
(Include pregnancy within 3 months of death)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 119a!

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name Si Burk

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

14. Maiden name Rose Bonaparte

15. Birthplace Crawford Co Missouri
(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 Si Burk

(b) Address Steelville Missouri

17. (a) _____ (b) Date thereof 8-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Cemetery

18. (a) Signature of funeral director L. D. Jones

(b) Address Steelville Missouri

19. (a) 8/10/44 (b) W. Schurder
(Date received local registrar) (Registrar's signature)

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

23. Signature William D. Robey (M. D. or other) DD
Steelville Mo Date signed 8/9/44

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

8
2
0

RECEIVED

District H:

Officer No. 5,

District File

944485-

Date Filed

9-13-44

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.....

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

..... P. O. Address.....

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.