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5-43
7-39
DC36871

FILED DEC 26 1946

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 42
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Windsor, Missouri 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Donald Gene Burkhart

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 Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 23 1928
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 0 29 hr. min.

9. Birthplace St. Clair County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Ernest Burkhart
13. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Stella Chiles
15. Birthplace Clifton City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Burkhart
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 11-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Hudson
(b) Address _____

19. (a) 12-21-46 (b) R. H. Ramsey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1946 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from Nov. 20
1946 to Nov 21, 19 46
that I last saw him alive on 11-21, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 12 hrs
Due to Diabetes Mellitus 12 yrs.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 61
Of autopsy _____
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 Ray B Jordan (M. D. or other) _____
Address Windsor, Mo Date signed 11-22-46

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

11-46-3161
12-28-46

JAN 22 1957

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 *Clifford Austin*

Licensed Embalmer No. *3391*

P. O. Address *Windsor, 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.