

Registration District No. **128**

Primary Registration District No. **2000**

**1. PLACE OF DEATH:**

(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1010 E. Walnut**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **90 Years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1010 E. Walnut**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sallie Elizabeth Burkhead**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single,  divorced,  widowed,  married

6. (b) Name of husband or wife **L.M. Burkhead** 6. (c) Age of husband or wife if alive **Dec. years**

7. Birth date of deceased **April 11 1857**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>90</b>	<b>1</b>	<b>10</b>	hr. _____ min.

9. Birthplace **Greene County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name **G.W. Wallace**

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

14. Maiden name **Lula Panther**

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

16. (a) Informant **Mrs. Glen M. Prater**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **5/28/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **5-23-47** (b) **W. H. Handley MD**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **21**  
year **1947** hour **7:** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **15 May 1947** to **21 May 1947**  
that I last saw her alive on **21 May 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial degeneration**

Due to **Arteriosclerosis**

Due to **Senility**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
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 **11**

23. Signature **L.M. Rigney** (M. D. or other) **MD**  
Address **Springfield, Mo.** Date signed **5/24/47**

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

9  
2  
6

---

---

**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

*Paul L. Loney*

Licensed Embalmer No.

*2457*

P. O. Address

*Allen Ford*

**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.**