

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31950**

FILED SEP 19 1947

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **203**

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

1. PLACE OF DEATH:
Nodaway
(a) County
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ida Mehlhop Burnham**

3. (b) If veteran, name war
3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Frank W. Burnham** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Nov. 27, 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **9** Days **10** If less than one day hr. min.

9. Birthplace **Dubuque, Ia.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **John Mehlhop**

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

14. Maiden name **Rebecca Brueing**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Carl Burnham**

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

17. (a) **Cremation** (b) Date thereof **9-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Prie Funeral Home**

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

19. (a) **9-13-1947** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Nodaway
(a) State **Mo.** (b) County **Buchanan**
(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10** year **1947** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 9th 1947** to **Sept 10 1947** that I last saw her alive on **Sept 10 1947** and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac Deception** Duration
Failure due to starvation
from inability to take food
Due to **Similarity**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **groc**
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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) (Specify means of injury)

23. Signature **Chas. Seel** (M. D. or other)

Address **Maryville Mo.** Date signed **9/11/47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Clay M. Price*.....

Licensed Embalmer No. 1822.....

P. O. Address *Maryville, 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.