

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32938
 Do not use this space.

REG'D OCT 24 1938

1. PLACE OF DEATH

(a) County Osage Registration District No. 644
 (b) Township Linin Primary Registration District No. 5853 Registered No. 11
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mary T Burchard 6216
Barnato Mill R. D. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. R. Burchard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2-59
 7. AGE YEARS 78 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balis Creek Mo
 13. NAME Milax Allen 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Margaret Coffey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 17. INFORMANT (ADDRESS) Leonard Burchard
Barnato Mill R. D.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE 8/28 1938
 19. FUNERAL DIRECTOR (ADDRESS) Morton Funeral Home
Linin Mo.
 20. FILED Sept 16 38 Emily L. Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1938, to 8-26, 1938
 I last saw him alive on 8-26, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Subacute Thrombus in dorsal aorta
Myo. Carditis (Chronic)
Pneumonia
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? d. ph. p. Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. V. McKeelley M. D.
575 (Address) Cherokee St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate ~~was embalmed by~~ *not embalmed prepared*
..... L. E.
No. or by *Vernon Morton*, Registered Apprentice No. *165*
working under my personal supervision.
Signed.....

Licensed Embalmer No.

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.)