

DEPT. JAN 6 1938

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

42269
Do not use this space.

1. PLACE OF DEATH
 (a) County Dates Registration District No. 58
 (b) Township Placemat Gap Primary Registration District No. 5092
 (c) City _____ (d) Street No. _____ Registered No. 8
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 626 Lucina Adora Burkhardt
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF O. M. Burkhardt Dec
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1858
 7. AGE YEARS 80 MONTHS 9 DAYS 29 IF LESS THAN 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1938
 22. I HEREBY CERTIFY That I attended deceased from 11th Mar 10th 31 to Nov 27, 1938
 I last saw her alive on Nov 27th, 1938. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____
Chronic hypertension
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co Iowa
 13. NAME A. C. Hall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rutland Vermont
 15. MAIDEN NAME Alvira L. Cushman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaumont Vermont
 17. INFORMANT Mrs But Hartved (ADDRESS) Butler Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov. 27, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Butler Mo.
 20. FILED Jan. 4, 1939 J. J. Conroy Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? no
 If so, specify _____
 (Signed) A. D. La Rue, M. D.
 (Address) Butler Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

5010-17-2-38 I X140228

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 Denton Lisle

Registered Apprentice No. 163, working under my personal supervision.

Signed Henry G. Powell

Licensed Embalmer No. 3111

P. O. Address Butler Ave

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, above space should be left blank.