REC'D MAY 10 1939

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

14137
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 2
(b) Township Saltriver 1
(c) City
Registration District No. 26
Primary Registration District No. 5034
Registered No. 53
(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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

4

2. PRINT FULL NAME Ethel Crisler Burkett
(a) Residence, No. R.F.D. #3, Mexico, Mo. St. 623
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Burkett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1885

7. AGE: Years 53 | 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. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

FATHER
13. NAME John M Rice.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon County Ky.

MOTHER
15. MAIDEN NAME Mary E Crisler.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon County. Ky.

17. INFORMANT Henry Burkett
(ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo Elmwood Cemtry DATE 3-8-1939

19. FUNERAL DIRECTOR H A Precht & Son.
(ADDRESS) Mexico Mo.

20. FILED April 6 1939 Blanche Reely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to April 1, 1939
I last saw her alive on April 1, 1939. Death is said to have occurred on the date stated above, at 4 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Breast Carcinoma 9	
50	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) R S Williams, M. D.
(Address) Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Mexico, Mo. Licensed Embalmer No. 3189

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)