

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2028

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Caplinger Mills, Mo.
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community. Six years
years, months or days)

3. (a) PRINT FULL NAME Erma Elizabeth Burchett

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. S. Burchett 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July 18, 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Eldon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Jones

13. Birthplace Eldon, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Addie Harman
(City, town, or county) (State or foreign country)

15. Birthplace Dallas Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. S. Burchett

(b) Address Caplinger Mills, Mo.

17. (a) Caplinger Mills (b) Date thereof 1-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Mills, Mo.

18. (a) Signature of funeral director H. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Caplinger Mills, M. Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Wash. Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1940 hour 2 minute 11 M.

21. I hereby certify that I attended the deceased from Jan 24, 1940 to Jan 25, 1940.

that I last saw her alive on Jan 25, 1940.

and that death occurred on the date and hour stated above.

Immediate cause of death Edema of the Lungs Duration 6 hours

Due to Drug idiosyncrasy? :- Sulfapyridine? Ampicillin?

Due to

Other conditions Pneumonia lobes rt lower 2 days
(Include pregnancy within 3 months of death) Lobe.

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature Bernard C. Adler (M. D. or other) M.D.

Address Stockton, Mo. Date signed 1/26/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2028
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 165
(b) Township Washington Primary Registration District No. 2234 Registered No.
(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

Erna Elizabeth Burchett
(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 28 1940 Mrs. Minnie Bartlett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 28 - 1940

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... 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:

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) Bernard C. Adkins M.D.

(Address) St. Louis

