

Registration District No. 190

Primary Registration District No. L113

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2

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

In this community 4 yrs.
years, months or days

3. (a) PRINT FULL NAME George S. Burkett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Burkett

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 12 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Burkett

13. Birthplace Ind. _____
(City, town, or county) (State or foreign country)

14. Maiden name Jane Anderson

15. Birthplace Ind. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Allenford

(b) Address Chicago Ill.

17. (a) Rural (b) Date thereof Mar 19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Co.

18. (a) Signature of funeral director Creva W. Jettings

(b) Address Kahoka Mo.

19. (a) 3/19-40 (b) J. W. Bridgman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Kahoka
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1940 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from 1-29 1940, to 3-16 1940
that I last saw him alive on 3-16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

174

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Creva W. Jettings (M. D. or other) _____

Address Kahoka Mo Date signed _____

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

23
1
6

451
RECEIVED

District Health Officer No. 10

District File Number 4-40-815

Date Filed APR 11 1940

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.....

March, 18-1940, Registered Apprentice No.....
working under my personal supervision.

Signed Creva Wait Luttinger

Licensed Embalmer No. 3526

P. O. Address Kahoka 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, above space should be left blank.