DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14604

Registration District No. 176 Primary Registration District No. 5244 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 3½ Miles N.E. Sumner 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

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

(d) Street No. 3½ Miles N.E. of Sumner, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Ella Burckhart Miller

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 Widowed

6. (b) Name of husband or wife Husband Andrew Jackson Miller 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan. 29, 1850 (Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation At Home - on farm

11. Industry or business ____

FATHER
12. Name Dr. Christopher Burckhart
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hill
15. Birthplace ____ (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature X Mrs. C. Lee Swisser
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lakeside-Sumner, Mo.

18. (a) Signature of funeral director W. T. Thorne
(b) Address Laclede, Mo.

19. (a) April 5-1940 (Date received local registrar) (b) Pearl Stevens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1940 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1938 ____, 19__, to March 1st, 1940 that I last saw her alive on March 1st, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina pectoris	10 day
Due to Arteriosclerosis with a Hypertension	20 yrs
Due to Chronic nephritis	20 yrs
Other conditions (Include pregnancy within 3 months of death)	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature W. B. Simpson (M. D. or other) D.D.
Address Brookfield Date signed 4/5/40

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-4-40

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 Me W.G.Thorme, Registered Apprentice No. 2876 working under my personal supervision.

Signed W.G.Thorne
W.G.Thorne
Licensed Embalmer No. 2876
P. O. Address Laclede,Mo. Linn C

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

If this body is not embalmed, above space should be left blank.