

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2794

State File No. _____

FEB 25 1941

Registration District No. 384

Primary Registration District No. 4227-5535

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell

(b) City or town "Rural" Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Howell County Farm.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week
(Specify whether years, months or days)

In this community 52 years

3. (a) PRINT FULL NAME HENRY EDWARD BURKHART

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 Lillian Gunn Burkhardt

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

7. Birth date of deceased Jan. 27, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	25	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Building

MOTHER FATHER

12. Name Henry Burkhardt

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

14. Maiden name Marta

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

16. (a) Informant Jack Burkhardt

(b) Address West Plains, Mo.

17. (a) Burial
(Burial, cremation, or removal) Oak Lawn Cem. (b) Date thereof Dec. 23, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director H. C. Stoumborg

(b) Address West Plains, Mo.

19. (a) 12-23-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Howell Cleveland Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22, year 1940 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from 12-12 1940 to Dec 22 1940
that I last saw him alive on Dec. 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death bronch pneumonia

Due to laceration of bronch

Due to _____

Other conditions Hb
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No Autopsy

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? Yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. T. Bingham (M. D. or other) _____

Address West Plains, Mo. Date signed 1/1/41

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

RECEIVED

District Health Officer No. 5,

District File Number 241138

Date Filed _____

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.