No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15360

FILED MAY 23 1941

Registration District No. 621 Primary Registration District No. 5822 Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Conception Twp

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

(c) Name of hospital or institution: 910

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

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Freemont 999

(c) City or town Hamburg 130

(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.? 2 years.

3. (a) PRINT FULL NAME TITUS Roach Burkhiser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 26 (Day) 1924 (Year)

8. AGE: Years 16 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Council Bluffs (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Conde F. Burkhiser
13. Birthplace Unville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Catherine Roach
15. Birthplace Red Oak (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Conde F. Burkhiser

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Hamburg Ia.

18. (a) Signature of funeral director Proctor & Cummins

(b) Address Conception Jct Mo

19. (a) April 21 (Date received local registrar) (b) Anna Egan (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Around Mid-night 21

year hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

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

Immediate cause of death Multiple Skull Fracture. Crushed it. Chest.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coroner Jury

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) Accident

(b) Date of occurrence

(c) Where did injury occur? Conception (City or town) Nodaway (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? College High School Building Conception Mo. (Specify type of place)

While at work? Walking in Sleep. Means of injury Fell from 4th Floor

23. Signature W. R. Jackson (M. D. or other)

Address Maryville, Mo. Date signed 4-22-41

(Licensed Embalmer's Statement on Reverse Side)

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

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. 1675

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.