

FILED OCT 10 1941

Registration District No. **198**

Primary Registration District No. **#121**

Registrar's No. **138**

1. PLACE OF DEATH:

(a) County **6 Bay**  
(b) City or town **Missouri City**  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME

**Cornelia Burkle**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Bernie Burkle**

6. (c) Age of husband or wife if alive **2-1851** years

7. Birth date of deceased (Month) (Day) (Year)

**Oct 2-1851**

8. AGE:

Years	Months	Days	If less than one day
<b>89</b>	<b>11</b>	<b>19</b>	hr. min.

9. Birthplace

**Waukegan Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation

**housewife**

11. Industry or business

**Chas. K. Cole**

12. Name

**Chas. K. Cole**

13. Birthplace

**New York**  
(City, town, or county) (State or foreign country)

14. Maiden name

**Adell Pfeiffer**

15. Birthplace

**Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant

**Mrs. Margaret D. Henry**

(b) Address

**Missouri City, Mo**

17. (a) **Burial**

(b) Date thereof

**Oct. 23-41**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Missouri City, Mo**

18. (a) Signature of funeral director

**Church - Archer**

(b) Address

**Springfield, Mo**

19. (a) **Sept 23-1941**

(b) **Mrs. R. E. Cracker**  
(Date received local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **6 Bay**  
(c) City or town **Missouri City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21**  
year **1941** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept 20**  
**2** 1941 to **Sept 21** 1941  
that I last saw her alive on **Sept 21** 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

**General Atherosclerosis** Duration **20 yrs**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 **Rector Maltby** (M. D. or other) **M.D.**  
Address **Reber City, Mo** Date signed **23-9-41**

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

RECEIVED  
District Health Officer No. 8  
File Number 10-9-01  
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 Apprentices No.

~~working under my personal supervision.~~

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Va

**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, fact should be so stated above.**