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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38940

FILED DEC 9 1941

Registration District No. 6.11 Primary Registration District No. 5815 Registrar's No.

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

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town RURAL — Dayton twp
(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)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community ~~VIRGINIA K. BURKHART~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Newton 073
(c) City or town Racine Mo. Rural
(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.? 0 years.

3. (a) PRINT FULL NAME VIRGINIA K. BURKHART
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 —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. (Month) 15 (Day) 1941 (Year)
8. AGE: Years | Months 2 | Days 19 | If less than one day hr. min.
9. Birthplace Neosho (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Leonard L. Burkhart
13. Birthplace Newton Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Violet Ann Holcomb
15. Birthplace Parthenon (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Leonard L. Burkhart
(b) Address Racine Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery
18. (a) Signature of funeral director No Funeral Director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1941 hour 5 AM minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Natural Causes: Died suddenly, Had not been sick,
Due to Probably congenital Heart troubles
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 15 19
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. R. Reynolds Coroner (M. D. or other)
Address Neosho Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 6,

District File Number 1241-1775

Date Filed DEC 5 1941

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
4—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38940

Registration District No. 611 Primary Registration District No. 5815 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural
(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)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia D. Burkhart
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 15, 1941 (Month) (Day) (Year)

8. AGE: Years | Months 2 | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery
18. (a) Signature of funeral director Bill Buzzard
(b) Address Seneca, Mo.
19. (a) 11/12/41 (Date received by local registrar) (b) Merle Spaskin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1941 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.

	Duration
Immediate cause of death	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

(18)

S-38940