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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. ~~590~~ 678 Primary Registration District No. 5905 Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps Co

(b) City or town St James Mo Drew
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Soldiers Home Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State P. Mo (b) County Phelps 81 5

(c) City or town St Jerry 0
(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 Magie Burkett

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 2 Wid

6. (b) Name of husband or wife Andrew Burkett

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

7. Birth date of deceased Sep (Month) 26 (Day) 1846 (Year)

8. AGE: Years 95 Months 2 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Soldiers Home Record
(b) Address St James Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 22 (Day) 41 (Year)
(c) Place: burial or cremation Soldiers Home Cem

18. (a) Signature of funeral director W E Eckleder
(b) Address St James Mo

19. (a) 1/15/42 (Date received local registrar) (b) Chauncie Dickson (Registrar's signature) 1001

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1941 hour 1 15 minute 8 M.

21. I hereby certify that I attended the deceased from Aug 1st, 1941, to Dec 21, 1941;
that I last saw her alive on Dec 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Arterio-sclerosis

Due to Hypertension infirmities of old age

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938

Of autopsy

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)
(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 Harold A Stricker (M. D. or other) U
Address St James Mo Date signed 12/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas S Halbert, Registered Apprentice No. 288, working under my personal supervision.

Signed Paul E Lickliter

Licensed Embalmer No. 3546

P. O. Address St Louis Mo

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.