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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 110

FILED MAY 6 1942

Registrar's No. 453

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3307 Seneca Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan / /
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1120 Felix Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. No. years.

3. (a) PRINT FULL NAME Della Fine Burkholder

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alfred Burkholder 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 27 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>4</u> hr. min.

9. Birthplace Willington / North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Sarah Ann Woodrow

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

16. (a) Informant Alfred Burkholder (husband)

(b) Address 1120 Felix St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 13th. & Faron St., St. Joseph, Mo.

19. (a) 5-4-42 (b) Rae Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st.
year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Apr 17, 1942
to May 1, 1942
that I last saw h. er alive on May 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion

Due to Coronary thrombosis 2 hrs

Other conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 938

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature M W Marne (M. D. or other) MD
Address St. Joseph Mo Date signed 5/2/42

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

MOTHER FATHER

124 McKinzie Ave.

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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, fact should be so stated above.