

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED OCT 9 1942

Registration District No. 72

Primary Registration District No. 4134

1. PLACE OF DEATH:

(a) County. Clay

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

(c) Name of hospital or institution:
Smithville Community Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution. 12 hours
(Specify whether

In this community _____
years, months or days)

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")

(d) Street No. 606 Newley Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Loren Albert Burkart

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

3. (c) Social Security No. none

4. Sex. Male

5. Color or race. White

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. March 12 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace. Hiwatha Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation. Infant

11. Industry or business _____

12. Name. Irvin Burkart

13. Birthplace. St Joseph Mo
(City, town, or county) (State or foreign country)

14. Maiden name. Mildred Downing

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

16. (a) Informant. Mr. Irvin Burkart

(b) Address. St Joseph, Mo.

17. (a) Removal (b) Date thereof. Sept 9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St Joseph, Mo.

18. (a) Signature of funeral director. Edelman & Son

(b) Address. St Joseph Missouri

19. (a) Sept 14-1942 (b) Ruch W. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year. 1942 hour. 3 minute. 40 A.M.

21. I hereby certify that I attended the deceased from 9-6-42
_____ 19____ to 9-7-42 19____

that I last saw him alive on 9-7-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. Amputation Scalp and Skull with brain injury

Due to. Auto Accident

Due to. _____

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings: Brain Injury

Of operations. _____

Of autopsy. No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Auto Accident

(b) Date of occurrence. Sept 6, 1942

(c) Where did injury occur? New Lincoln Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No

While at work? No (Specify type of place) (e) Means of injury. Auto

23. Signature. C. E. Spelman (M. D. or other) _____
Address. Smithville Date signed. 9/17/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

24
0
0

1021

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 10-8-42

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.....

Sept 742....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hurley.....

Licensed Embalmer No. 4050.....

P. O. Address St. Joseph 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, fact should be so stated above.