

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30815

State File No.

Registration District No. 207

Primary Registration District No. 5157

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Johns River 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
In this community years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Burkner 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 16 hr. min.

9. Birthplace Manchester Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Employee

11. Industry or business

MOTHER FATHER { 12. Name Geo Burkner Ill
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Dout Knowl
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Leo Burkner

(b) Address St James Mo

17. (a) Burial (b) Date thereof 8-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director W E Ruchshuber

(b) Address St James

19. (a) 9-12-42 (b) Erma Basch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Johns River Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles north of St James
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 1942 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from August
Eight, 1942, to Aug 12, 1942
that I last saw him alive on Aug 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
Decompensation
Due to Cardio-Vascular
Renal disease
Due to and Heat Stroke
8-8-42
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

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

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 063
(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 2

23. Signature Dr J. E. Cottingham (M. D. or other) DO
DR. J. E. COTTINGHAM P. O. BOX X
Address ST. JAMES, MO Date signed 8-14-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Chas. E. Klier*.....

Licensed Embalmer No. *3946*.....

P. O. Address *St James*.....

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