S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

Registration District No. 189

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41123

Primary Registration District No. 4263

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Novelty
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52 0

(c) City or town Novelty 0
(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 0

3. (a) PRINT FULL NAME Viola Jean 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 single 0

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

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

7. Birth date of deceased Nov-21- 1928
(Month) (Day) (Year)

8. AGE: Years 14 Months 1 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Edina (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business .....

FATHER
12. Name Milton Burkhart
13. Birthplace Knox City, (rural) Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mazy Goodwin
15. Birthplace Knox City Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Griffith
(b) Address Novelty, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan-1-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri

19. (a) Jan 5-'42 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

1142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from September, 1942 to December 30 1942
that I last saw her alive on December 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs — Duration Sept 1942 to Dec 30 1942

Due to Tubercle Bacilli organisms

Due to Infection in lungs.

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

Major findings:
Of operations .....

Of autopsy .....

13 b

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 3

23. Signature E. O. Holmes (M. D.) D.O.
Address Novelty Mo Date signed Jan 2-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1943

RECEIVED
District Health Officer No: 10
District File Number 1-43-143
Date Filed Jan-13-1943

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.