

FILED FEB 11 1944

Registration District No. 33

Primary Registration District No. 3011

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Lillian Anabelle Burkhart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1944 hour _____ minute 5:00 A. M.

21. I hereby certify that I attended the deceased from Jan 25 1943 to Jan 3 1944
that I last saw him alive on Jan 3 1944
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Oct 4 1943
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 6 days

8. AGE: Years _____ Months 2 Days 29 hr. _____ min. _____

9. Birthplace Carroll Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Geo. W. Burkhart

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

14. Maiden name Dorothy Prockett

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

16. (a) Informant Geo. W. Burkhart

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gold Cem.

18. (a) Signature of funeral director Stanley

(b) Address Carrollton, Mo

19. (a) 1-4-1944 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 Dr. Everett L. Smith (M. D. or other) D.O.
Address 111 So. Main, Carrollton, Mo Date signed 1-3-44

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

1053

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-8-44

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.