U.S. No. 2
10M—8-43
Rev. 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 MAR 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5479

State File No. 5479

Registration District No. 11 Primary Registration District No. 5039 Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Rural Butterfield Twp
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(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? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Dora Ann Hemphill
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow 2
6. (b) Name of husband or wife: Jim Hemphill
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: November (Month) 25 (Day) 1865 (Year)
8. AGE: Years 79 Months 1 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace: Arkansas 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER 12. Name: Robert Emmunal Burkhart
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Ann Burkhart
15. Birthplace: Tennessee 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Alfred Hemphill
(b) Address: Purdy, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Sparks
18. (a) Signature of funeral director: Culver Funeral Home
(b) Address: Cassville, Missouri
19. (a) Feb 5-1945 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th year 1945 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from July 2, 1944, to Jan 5, 1945, that I last saw her alive on Jan 1st 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	12 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. D. Baldwin D.O. (M. D. or other)
Address: Purdy Mo Date signed 1-9-45

(Licensed Embalmer's Statement on Reverse Side)

1071

RECEIVED
District Health Officer No. 6,
District File Number 245-231
Date Filed FEB 28 1945

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.