

No. 2
1-5-43
5-17-39
I X36871

FILED DEC 21 1945

State File No. _____
Registrar's No. 354

Registration District No. _____ Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours
(Specify whether _____)

In this community 40 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 206 W. Warren 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Matilda Eva Burkeen

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 Widowed

6. (b) Name of husband or wife Charles Monroe Burkeen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace East Cape, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Stewart Andrews Gortner

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

14. Maiden name Rebecca Ann Phillips

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

16. (a) Informant Mrs. Junita Brown

(b) Address Detroit, Mich

17. (a) Burial (b) Date thereof 12/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 12-11-45 (b) PH Minister
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration _____

Due to Concussion of brain

Due to Automobile Accident

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations none

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, file _____

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

(b) Date of occurrence 12/2/45

(c) Where did injury occur? Wayne Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)

While at work? _____ (e) Means of injury Car Wreck

23. Signature Greer W. Greer (M. D. or other) _____
Address Poplar Bluff, Mo. 3 Date signed 12/5/45

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

MOTHER, FATHER

JUN 4 1946

RECEIVED

District Health Office No. 2,

District File Number 1245-3406

Date Filed 12/12/45

15D

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 Wallace N. Fitch

Licensed Embalmer No. 3789

P.O. Address Poplar Bluff, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Jan 257*
Registrar's No. *357*

Registration District No. *43*

Primary Registration District No. *3007*

1. PLACE OF DEATH: *Butler Peplar bluff*
(a) County.....
(b) City or town.....
(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.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(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 *Malinda E. Burken*
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Jan* Day *2* Year *1944* hour *12* minute *00* M.
21. I hereby certify that I attended the deceased from *12:00* to *12:00*, 19*44*;
that I last saw him alive on *Jan 2*, 19*44*;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *wid*
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
7. Birth date of deceased.....
(Month) (Day) (Year)

Due to *Basic Fracture of Skull*
Due to *Automobile Accident*
Other conditions (include pregnancy within 3 months).....
Major findings: *True blow out causing car to leave public highway and ditch*
Of operations.....
Of autopsy.....

8. AGE: Years *58* Months *2* Days *20* If less than one day.....hr.....min.
9. Birthplace (City, town, or county) (State or foreign country)

Duration *20*
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation.....
11. Industry or business.....
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director.....
(b) Address.....
19. (a) (Date received local registrar) (b) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) *Accident*
(b) Date of occurrence.....
(c) Where did injury occur? *Wayne Co mo*
(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) *Car wreck*
(e) Means of injury *Car wreck*
23. Signature *Prover W Green* (M. D. or other)
Address..... Date signed.....

SUPPLEMENTARY

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

MOTHER FATHER

JUN 4 1976

400075