

FILED AUG 13 1946

Registration District No. 336

Primary Registration District No. 4521

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

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Houston  
(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 10 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas  
(c) City or town Houston  
(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 Margaret Esther Burkhead

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of face white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife James W. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 20 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Wright Simpson  
13. Birthplace Perm! (City, town, or county) (State or foreign country)  
14. Maiden name Kates  
15. Birthplace Ill! (City, town, or county) (State or foreign country)

16. (a) Informant C. W. Burkhead  
(b) Address Houston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation Bailey Cem. Alton Mo.

18. (a) Signature of funeral director Sayford U. Elliott  
(b) Address Houston, Mo.

19. (a) July 10, 1946 (b) Miyra Craig (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1946 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 4-5- 1940 to 7-4 1946 that I last saw her alive on 7-3- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration Duration 10 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 93d 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 Henry R. Rosey (M. D. or other) D.O. Address Houston, Mo. Date signed 7-5-46

RECEIVED

District Health Officer No. 5,

District File Number 846466

Filed 8-9-46

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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.