

Registration District No. **57**

Primary Registration District No. **5205**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Rural Smith Twp**
(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 _____ 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 **OLEDA K. BURKHART**

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

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Infant**

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

7. Birth date of deceased **Oct. 23 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months **0** Days **9** If less than one day _____ hr _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **George Burkhart**

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

14. Maiden name **Dorothy Brockert**

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

16. (a) Informant **Mrs Geo Burkhart**
(b) Address **Brunswick Mo.**

17. (a) **Burial** (b) Date thereof **11-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Gilead Cem.**

18. (a) Signature of funeral director **Stanley J. Gibson**
(b) Address **Carrollton Mo.**

19. (a) **Nov. 13 - 1946** (b) **Pearl Koch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **1** year **1946** hour **12** minute **20** P.M.

21. I hereby certify that I attended the deceased from **OCT. 23**, 19**46**, to **NOV. 1**, 19**46**.
That I last saw her alive on **NOV. 1**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia.** Duration **4 days**

Due to _____

Due to _____

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

Major findings: Of operations **107** Of autopsy _____
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 **J. H. Houder** Date signed **11-1-46**
Address **Brunswick Mo.**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 11-23-46

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 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.