

S. No. 2
OM-5-43
V. 5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37267
Registrar's No. 386

Registration District No. 146 Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Fairmount Sta (Kansas City) Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 206 South Ash.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MOLLIE E. BURKHART
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert F. Burkhart Deceased
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 17 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 29 hr. min.

9. Birthplace Columbus Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation House Work

11. Industry or business
12. Name Rudolph Fitzpatrick
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Lowe Womack
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Wilson
(b) Address 8806 Winner Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri
19. (a) 11-20-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 15 th
year 1946 hour 4 minute 30 P. 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 Broncho pneumonia
Fracture of Hip
Injury By Fall
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11-3-46
(c) Where did injury occur? Independence Mo.
(City, town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)
(c) Means of injury Trauma
23. Signature A.E. Upsher (M. D. or other)
Address 2800 Main Date signed 11/20/46

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

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