S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5585

State File No.

FILED MAR 14 1947

Registration District No. 2945

Primary Registration District No. 3047

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution 3½ days (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Burkholder

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cloyd Burkholder

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September (Month) 6 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	6	1	hr. min.

9. Birthplace Cherryvale (City, town, or county) Kansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business ---

FATHER
12. Name Arch Carmichael
13. Birthplace unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Lydia Elizabeth Perry
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Victor Burkholder

(b) Address Route 4, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 10, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Mar. 8, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1947 hour 10 minute p M.

21. I hereby certify that I attended the deceased from Mar 5, 1947, to Mar 7, 1947
that I last saw her alive on Mar 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Cerebral Concussion c̄ Pulmonary congestion	24 hrs
Due to Accident (Auto)	
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) accident 73

(b) Date of occurrence March 5, 1947

(c) Where did injury occur? Neosho (City or town) Newton (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway # 60
(Specify type of place)

While at work? no (e) Means of injury auto

23. Signature Harold Chintz (M. D. or other) MD

Address Neosho Mo Date signed Mar 8 1947

223 (Licensed Embalmer's Statement on Reverse Side) Coll. with other. M Veh.

RECEIVED
District Health Officer No. Newton
District File Number 347-30
Date Filed 8-12-47

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 Robert H. Knell, Registered Apprentice No. 406, working under my personal supervision.

Signed Emm L Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.