

Registration District No. **82**

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County **COOPER**

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

(c) Name of hospital or institution:
514 E. MORGAN ST. /

(If not in hospital or institution, write street number or location)

(d) Length of stay: **15 YEARS**
(Specify whether years, months or days)

In this community **15 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** **27**

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

(d) Street No. **514 E. MORGAN**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ALBERT HENRY BURKHART**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **1st**
year **1947** hour **5:15** minute _____ a. M.

21. I hereby certify that I attended the deceased from **NO ATTENDANCE** 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **RUBY WEATHERFORD**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **NOVEMBER 30 - 1890**
(Month) (Day) (Year)

Immediate cause of death **Acute Cardiac Dehydration**

Duration _____

8. AGE:

Years	Months	Days	If less than one day
56	4	2	hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace **COFFEYVILLE KANSAS /**
(City, town, or county) (State or foreign country)

10. Usual occupation **CAFE OPERATOR**

11. Industry or business **CAFE OWNER**

12. Name **PETER BURKHART**

13. Birthplace **KANSAS /**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY TYERWERNER**

15. Birthplace **KANSAS /**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS ALBERT BURKHART**

(b) Address **BOONVILLE, Mo.**

17. (a) BURIAL (b) Date thereof **4/3/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER**

(b) Address **BOONVILLE, MO.**

19. (a) 4-2-47 (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____

Of autopsy **NO**

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 *[Signature]* (M. D. or other) _____

Address **Boonville, Mo.** Date signed **4/4/47**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-11-47

876111948

OCT 14 1947

[Handwritten signature]

[Handwritten signature]

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

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed

James W. Steiner

Licensed Embalmer No. 3780

P. O. Address. BOONVILLE, 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.

[Handwritten notes and signatures]