. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23275

Primary Registration District No. 5037

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
R.F.D.# 1, Mexico, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rual 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1, Mexico 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charity Sexton Burkett

3. (b) If veteran, name war None

3. (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 Isaac Burkett

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

7. Birth date of deceased May 15, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	1	17	hr. min.

9. Birthplace Marion (City, town, or county) Virginia / (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Cline
13. Birthplace Marion (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Sophia Ketern
15. Birthplace Withville, (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant Henry Burkett

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl E. Pruitt

(b) Address Mexico, Mo.

19. (a) 7/14/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1947 hour 10 minute 31 P M.

21. I hereby certify that I attended the deceased from Sept. 1, 1946, to July 2, 1947; that I last saw her alive on July 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	1 week
Due to: Cardio-Vascular-renal syndrome	Unknown
Due to: ~~None~~ Senility	
Other conditions: None (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)

(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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature R. D. Swan (M. D. or other) D.O.

Address 1005 W. Love St. Mexico, Mo. Date signed 7/3/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 18
District File Number 1-47-955
JUL 30 1947
Date Filed

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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.