

S. No. 2
—12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42705**

Registration District No. **296**

Primary Registration District No. **6018**

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Rural Fishing River Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 1/2 miles East of Excelsior Sogs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles East of Excelsior Sogs
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Priscilla Burke

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 Widowed
6. (b) Name of husband or wife John Burke 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 22, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 18 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Ashby Wood 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Martina 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mark Burke
(b) Address Excelsior Springs, Missouri

17. (a) Burial (b) Date thereof 12-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) 12/12/47 (b) Helen Parken
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1947 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 15 1947 to Dec. 10 1947
that I last saw her alive on Dec. 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 4 weeks

Due to Cardio Renal Vasculardisease 2 yrs.
Senility

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

Major findings:
Of operations _____
Of autopsy 318
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 _____

23. Signature Clara Buehler (M. D. or other) 9
Address Lawson Mo. Date signed Dec 11, 1947

RECEIVED

District Health Officer No. 8,

District File Number 148-3310

Date Filed 1-9-48

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, ~~by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Albert S. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.