National Office of Vital Statistics
FILED FEB 16 1948

# STANDARD CERTIFICATE OF DEATH

State File No. 1792

Registration District No. 290 | Primary Registration District No. 5770 | Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Madison Twnp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mercer 65
(c) City or town: Madison Twnp. (If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Martha F. Burk
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: widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan 3, 1861 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 87 | 0 | 27 | ..... hr. ..... min. |

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business .....
12. Name of father: James Neill
13. Birthplace of father: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name of mother: Smith
15. Birthplace of mother: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Fannie Moss
(b) Address: Princeton, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pain
18. (a) Signature of funeral director: Noel Moss
(b) Address: Princeton, Mo
19. (a) 2-5-48 (Date received local registrar) (b) M. J. Pitts (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from January 17 to Jan. 30, 1948 that I last saw her alive on Jan. 29, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: cerebral Hemorrhage | |
| Due to: hypertension | |
| Due to: chronic myocarditis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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: Byron L. Axtell (M. D. or other) D.O.
Address: Princeton, Mo Date signed 2/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH
Cameron, Mo.

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hal Mars

Licensed Embalmer No. 2634

P. O. Address Gallatin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.