

FILED FEB 4 1948

Registration District No. ....

Primary Registration District No. 5843

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Joplin Mo. R 4  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5 mi. South of Joplin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73

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

(d) Street No. 5 mi South of Joplin Mo  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME MARY EMILINE Burkhardt

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1948 hour 6 minute P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife George Burkhardt 6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased May 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1 1947 to Jan 19 1948  
that I last saw her alive on Aug 1 1947  
and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>8</u>	<u>4</u>	..... hr. .... min.

Immediate cause of death Infirmities of old age  
terminal stage  
did not see her for some time

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

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name NELSON Jones

13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Alvin Burkhardt  
(b) Address Racine Mo.

17. (a) burial (b) Date thereof 1-20-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burkhardt Cemetery

18. (a) Signature of funeral director Don Roney  
(b) Address Carl Junction Mo.

19. (a) 1-24-1948 (b) Mattie Roney  
(Date received local registrar) (Registrar's signature)

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 T.B. Sumner (M. D. or other).....  
Address Stella Mo Date signed 1-20-48

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

RECEIVED

District Health Officer No. Newton  
District File Number 249-241  
Date Filed 2-3-49

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 \_\_\_\_\_

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

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.