

FILED JUN 9 1948

State File No. _____
Registrar's No. 78

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Stellingsma
(c) Name of hospital or institution: General Hospital, Mexico
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 6 days (Specify whether)
In this community 6 days
years, months or days

3. (a) PRINT FULL NAME

Janice Fern Burkhalter

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

4. Sex F 5. Color of H 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 20 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 6 hr. min.

9. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Erwin Burkhalter
13. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Blanche Neely
15. Birthplace Montgomery Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Erwin Burkhalter
(b) Address Kellaville Mo
17. (a) Burial (b) Date thereof 5/27/48
(Burial, cremation, or removal) (City, town, or county) (Year)
(c) Place: burial or cremation Kellaville Mo

18. (a) Signature of funeral director B. B. Keller
(b) Address Kellaville Mo
19. (a) 5/27/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Hellville (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 9 minute 31 P. M.
21. I hereby certify that I attended the deceased from 12:00 noon May 26, 1948, to 9:31 PM May 26, 1948; that I last saw him alive on May 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 8 hrs.
Due to Diabetes Mellitus 3 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 6

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 2

23. Signature K. O. Shyan (M. D. or other) Ob.
Address 10054 State St. N. W. Mo Date signed 5/27/48

RECEIVED
District Health Officer No. 10
District File Number 6-48-1027
Date Recd JUN 8 - 1948

This Body Was Not Embalmed.

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 *H. B. Kells*

Licensed Embalmer No. 1388

P. O. Address *Hellville 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.