DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1948

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18612

Primary Registration District No. 4022

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Butterfield
(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
In this community Most of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

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

(d) Street No. 0
(If rural, give location)

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

If yes name country

3. (a) PRINT FULL NAME W. K. Burkett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Virgie Burkett

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. (Month) 2 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	2	27	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Stock Buyer

11. Industry or business

FATHER
12. Name C. M. Burkett 0
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Missouri Keeling 0
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Virgie Burkett
(b) Address Butterfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Mo.

19. (a) May 21-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 1: minute 30 PM.

21. I hereby certify that I attended the deceased from Mar. 9 1948, to April 29 1948;
that I last saw him alive on April 29 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (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

23. Signature Glenn W. Dalyer (M. D. ~~or other~~)
Address Cassville Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. [illegible]
District File Number 648-680
Date Filed JUN 15 [illegible]

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo

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

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