

No. 2
8-43
17-39
X37823

FILED SEP 13 1948 378

State File No.

Registration District No.

Primary Registration District No. 6285

Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Norwood Star Route Mtn. Grove
(If outside city or town limits, write "RURAL" and name of township) Twsp.

(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

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

(d) Street No. Norwood Star Route
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lydia 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 Widow

6. (b) Name of husband or wife (Deceased) _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 19 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	7	18	hr. _____ min.

9. Birthplace Mt. Sterling Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Samuel N. Liming

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

14. Maiden name Unknown

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

16. (a) Informant Nina Fleming
(b) Address Crest Lane, N. Kansas

17. (a) Burial (b) Date thereof 8-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Forrest Cemetery

18. (a) Signature of funeral director Pauline Funeral Home

(b) Address Norwood, Missouri

19. (a) 9-20-48 (b) A.C. AMES
(Date received local registrar) (Registrar's signature) 2118

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 12, 1948 to July 12, 1948
that I last saw her alive on July 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____
of heart

Due to Arteriosclerosis

Due to _____

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

Major findings:
Of operations gbl
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Norwood, Mo Date signed Aug 29 1948

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

619 100

RECEIVED

District Health Officer No. 6;

District File Number 948-1028

Date Filed SEP 10 1948

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 Thomas A. Auldin

Licensed Embalmer No. 4317

P. O. Address Norwood, 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.

Registration District No. 378 Primary Registration District No. 6285

1. PLACE OF DEATH:
 (a) County Wright
 (b) City or town Rural
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Lydia Burke
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased Dec 19
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days _____
(Less than one day)
 9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (c) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (c) Signature of funeral director _____
 (b) Address _____
 19. (a) 9-20-48 (b) A.B. Ames
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

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?
 While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

SUPPLEMENTARY

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

28732