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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 7 1944

Registration District No. 37

Primary Registration District No. 5520

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural-windsor Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph C. Burkhart

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

3. (c) Social Security No. _____

4. Sex Male (1) White (5) Color or race

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Broyles
Age of husband or wife if alive _____ years

7. Birth date of deceased January 15, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>3</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation Rt. Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Mathias Burkhart

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

14. Maiden name unknown

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

16. (a) Informant Dick Burkhart

(b) Address Windsor, Mo.

17. (a) Burial Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Missouri

18. (a) Signature of funeral director Huston-Furber

(b) Address Windsor, Mo.

19. (a) May 18, 1944 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural-windsor Twn.
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1944 hour 13 minute 50 p. M.

21. I hereby certify that I attended the deceased from March 19 to April 15, 1944
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis

Duration _____

Due to _____

Due to _____

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

Major findings: 93el

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 _____

44 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)

(2) Means of injury _____

23. Signature H. Furber (M. D. or other)

Address Windsor Date signed 5-11-44

RECORD - MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 5-44-708

Date Filed 6-6-44

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 Edell Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.