

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21442  
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 79  
 (b) Township Saline Primary Registration District No. 5036 Registered No. ....  
 (c) City Clark or (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Margaret Annie Ess  
Clark, Mo. R.F.D. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Alexander Ess</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 16, 1867</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>7</u>	DAYS <u>25</u> If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Andrew Burkaye</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sallie Ann Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ben Burkaye, Clark, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>June 12, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Barnes &amp; Boothe, Sturgeon, Missouri</u>		
20. FILED <u>June 12, 1939</u> <u>A.E. Booth</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to June 11, 1939.  
 I last saw her alive on June 10, 1939. Death is said to have occurred on the date stated above, at 9.9 a.m.  
 The principal cause of death and related causes of importance were as follows:

mitral Insufficiency Date of onset 1938

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Y.P.  
 If so, specify.....  
 (Signed) A.R. McLeary M. D.  
 (Address) Sturgeon, Mo.

**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.....

*A. E. Borthe*....., Registered Apprentice No. *131*  
working under my personal supervision.

Signed *Reuben Bamer*.....

Licensed Embalmer No. *2023*.....

P. O. Address *Sturgeon, 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, above space should be left blank.**