

DEC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH31757  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 964  
 (c) City St. Joseph (d) Street No. 5th. Meth. Hospital St. \_\_\_\_\_  
 (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

ARTHUR - F - BURNS 65?  
 (a) Residence, No. 107 Atchison St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
13 4 1 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student  
 9. Industry or business in which work was done, as saw mill, bank, etc. High School  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 5 1/2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

13. NAME Arthur Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donat Knott Missouri

15. MAIDEN NAME May Winkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland Missouri

17. INFORMANT (ADDRESS) Mrs May Barry St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green County DATE Sept 20 38

19. FUNERAL DIRECTOR (ADDRESS) Stamer Funeral Home St. Joseph, Mo

20. FILED Sept 19 38 W. J. Mastlebach Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1938, to Sept 17, 1938

I last saw him alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Sub Phagophages Abscess  
Abdominal abscess - fatal  
Intubula

Date of onset

Other contributory causes of importance:

Acute gangrenous perforated  
apendicitis - peritonitis

Name of operation Drainage of abscess Date of Sept 7 38

What test confirmed diagnosis? apn Was there an autopsy? no

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 of injury in any way related to occupation of deceased? no

If so, specify AK Walker

(Signed) \_\_\_\_\_, M. D.

(Address) 301 N 8th Jankin Mo

STATEMENT BY LICENSED EMBALMER

I, John Roy Stamer, Licensed Embalmer No. 2435  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John Roy Stamer  
Licensed Embalmer No. 2435

**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.)**

Subdiaphragmatic abscess

Abdominal abscess      Fecal Fistula

Acute gangrenous perforated

appendicitis      Peritonitis

S- 31757

Sept 17, 38