

REC'D FEB 23 1939

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

Myers

2649

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2007  
 (c) City Joplin (d) Street No. Freeman Hospital Registered 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. 652 Memphis Burns, Sr. St.  Joplin Mo.  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emley Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17, 1869

7. AGE YEARS 69 MONTHS 1 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. General Merchandise  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Stella (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Burns

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Martha Weems

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

17. INFORMANT Dennis Burns Jr. (ADDRESS) Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Cemetery DATE 1-4-39

19. FUNERAL DIRECTOR (NAME) Barley Thompson (ADDRESS) Neosho Mo

20. FILED 1-11-39 J. D. Jones Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-39

22. I HEREBY CERTIFY, that I attended deceased from Dec 24-1938 - Jan 3-39, 1939

I last saw him alive on Jan 3-39, 1939 Death is said to have occurred on the date stated above, at 6:40 A.M.

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

Left or Anterior Coronary Occlusion  
Dec 24 1938

Other contributory causes of importance: 9412-

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?

If so, specify \_\_\_\_\_

(Signed) J. D. Jones M.D.

(Address) 708 Truscott Bldg. Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-302

Date Filed FEB 16 1939

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, \_\_\_\_\_

Barley Thompson, or by \_\_\_\_\_

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

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Washo 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.