

REC'D FEB 28 1939

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

4281
Do not use this space.

1. PLACE OF DEATH, (a) County Wright Registration District No. 1122
 (b) Township Clark Primary Registration District No. 6226 Registered No. _____
 (c) City Norwood Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 532 Chas. E. Burtz
 (a) Residence, No. R1 Norwood Mo. 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF never married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1859
 7. AGE YEARS MONTHS DAYS about 80 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mine investor
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1939, to 1/14, 1939.
 I last saw him alive on about Jan 2 1939. Death is said to have occurred on the date stated above, at 6:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Heart attack Date of onset _____
8241
 Other contributory causes of importance:
arterial sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1
 FATHER 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 7
 MOTHER 15. MAIDEN NAME 11 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 1
 17. INFORMANT Louis W. Crofte
 (ADDRESS) Norwood, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hartsville DATE 1/16 1939
 19. FUNERAL DIRECTOR Ella J. Bouldin
 (ADDRESS) Norwood, Mo.
 20. FILED 2-8 1939 Roy A. Burnett
by Louis Crofte Registrar

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) Roy A. Burnett, M. D.
 (Address) Norwood

Depty. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-39-363

Date Filed FEB 16 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)