

REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10317
Do not use this space.

1. PLACE OF DEATH

(a) County Cumtine Co.(b) Township Jackson(c) City Jackson(d) Street No. 119Registration District No. 119Primary Registration District No. 5171Registered No. 10317

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 119St. 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)

Infant

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

Infant

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

Jan 20 - 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as saw mill, bank, etc.

Infant

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)

Cumtine Co Mo

FATHER

13. NAME

Ebenezer Burkhardt

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

Baynell Mo

MOTHER

15. MAIDEN NAME

Ethel Sellers

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

Cumtine Co Mo

17. INFORMANT (ADDRESS)

Andrew Thornberry

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stoner ChappelDATE 3/28 - 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

R. S. J. Lee20. FILED April 5, 1939Mrs. W. J. Clarke

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3/27 1939

22. I HEREBY CERTIFY, That I attended deceased from

March 27, 1939, to March 27, 1939I last saw him alive on March 27, 1939. Death is saidto have occurred on the date stated above, at 11 a. m.

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

Pneumonia, bronchialDate of onset 3/22/39

Other contributory causes of importance:

NoneName of operation NoneDate of NoneWhat test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19...Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. M. M. M. D.(Address) Cumtine Co Mo

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-35-68-1

Date Filed 4-12-39

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.