

REC'D APR 15 1939

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

11077

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 396
(b) Township FT OSAGE Primary Registration District No. 5582 Registered No.
(c) City BUCKNER (d) Street No.
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

654 JAMES GRANVILLE BURNLEY
(a) Residence, No. RR No. 1. Buckner Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1858

7. AGE YEARS 80 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer-Banker
9. Industry or business in which work was done, as saw mill, bank, etc. Farmed his own farm Bank of Buckner
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Circleville Ohio
(STATE OR COUNTRY)

FATHER 13. NAME Norburn N. Burnley

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

MOTHER 15. MAIDEN NAME Mary Dick

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

17. INFORMANT (ADDRESS) Mr. Roy Burnley
Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buckner Hill March 21, 1939

19. FUNERAL DIRECTOR (NAME) V. M. Reppert.
(ADDRESS) Buckner Mo.

20. FILED Mar. 20, 1939 John W. Robertson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 19, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1939, to Mar. 19, 1939
I last saw him alive on Mar. 19, 1939. Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer Stomach Date of onset

Other contributory causes of importance: Hb

Name of operation None Date of X
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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

Manner of injury X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify John W. Robertson, M. D.
(Signed) John W. Robertson

3 (Address) Buckner, 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,

V.M.Reppert.

....., or by

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

Signed.....

V.M.Reppert

Licensed Embalmer No. **2321**

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.