

DEC'D APR 15 1939

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

11086

Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 400  
PRAIRIE  
 (b) Township Little Blue Primary Registration District No. 5553 B  
 (c) City County Home (d) Street No. \_\_\_\_\_ 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 0 yrs. 0 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME, JULIUS BURSLEY

(a) Residence, No. \_\_\_\_\_ 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 <b>M</b>	4. COLOR OR RACE <b>wh</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>widower</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Mch. 15. 1862</b>				
7. AGE <b>77</b>	YEARS	MONTHS <b>11</b>	DAYS <b>29</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>farmer</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>farm</b>			
	10. Date deceased last worked at this occupation (month, year) <b>Sept. 1935</b> U. Total time (years) spent in this occupation <b>50</b>			
12. BIRTHPLACE (CITY OR TOWN) <b>Savannah</b> (STATE OR COUNTRY) <b>Illinois</b>				
FATHER	13. NAME <b>Jerry Meier Bursley</b>			
	14. BIRTHPLACE (CITY OR TOWN) <b>Illinois</b> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <b>Cordelia Shears</b>			
	16. BIRTHPLACE (CITY OR TOWN) <b>Illinois</b> (STATE OR COUNTRY)			
17. INFORMANT <b>Mrs. Beets</b> (ADDRESS) <b>Atherton Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL <b>Woodlawn Ind. Mo.</b> <b>3/9/39</b> PLACE DATE				
19. FUNERAL DIRECTOR (NAME) <b>V. M. Reppert</b> (ADDRESS) <b>Buckner Missouri</b>				
20. FILED <b>Mch 10. 1939</b> <b>William J. Fields</b> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mch. 7. 1939**, 19

22. I HEREBY CERTIFY, That I attended deceased from **3-7 189** to **3-7 1939**  
 I last saw him alive on **3-7 1939** Death is said to have occurred on the date stated above, at **8:26 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Right Lobar pneumonia** Date of onset

Other contributory causes of importance: **108**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? \_\_\_\_\_ 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? **70**  
 If so, specify **As above** (Signed) **Dr. J. H. Green**, M. D.  
 (Address) **Dr. J. H. Green**

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**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.**