

MAY 16 1939

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

14166

Do not use this space.

1. PLACE OF DEATH

(a) County State ² Registration District No. 50
(b) Township Butler / Primary Registration District No. 3004 Registered No. 20
(c) City Butler (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A. B. Burner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1855
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8.4 2 25

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

12. BIRTHPLACE (CITY OR TOWN) St Joseph Co
(STATE OR COUNTRY) Indiana

13. NAME Enoch George Burner
14. BIRTHPLACE (CITY OR TOWN) Po. Canbrites Co
(STATE OR COUNTRY) West Va

15. MAIDEN NAME Rachel Ann (Dont know last name)
16. BIRTHPLACE (CITY OR TOWN) Po. Canbrites Co
(STATE OR COUNTRY) West Va.

17. INFORMANT Tom Burner
(ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dark Hill DATE April 8 1939

19. FUNERAL DIRECTOR (NAME) Culver's
(ADDRESS) Butler Mo

20. FILED April 8 1939 Mrs. L. Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10-8 37 to April 8 39
I last saw him alive on April 8 39 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:
myocarditis

Other contributory causes of importance: PPH

Name of operation _____ Date of _____
What test confirmed diagnosis? Css 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? no
If so, specify _____
(Signed) L. D. LaHess M. D.
53 (Address) Butler, Mo

RECEIVED.
District Health Officer No. 7
District File Number 7-39-832
Date Filed 5-13-39

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.....

Denton Hale

Registered Apprentice No. *163*

working under my personal supervision.

Signed *Statis H. Culver*

Licensed Embalmer No. *5069*

P. O. Address *Butler, 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.