

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

**25234**  
Do not use this space.

**AUG 10 1939**

**1. PLACE OF DEATH**

(a) County CALLAWAY <sup>2</sup> Registration District No. 105  
 (b) Township CORR SANDSON <sup>1</sup> Primary Registration District No. 5161  
 (c) City ..... (d) Street No. .... Registered No. 23  
 (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**

600 ARNOLD BURR  
 (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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 18, 1856

7. AGE YEARS 82 MONTHS 8 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
 9. Industry or business in which work was done, as saw mill, bank, etc. (retired)  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) BERNE 7  
 (STATE OR COUNTRY) Switzerland

FATHER 13. NAME CARL BURR 7

14. BIRTHPLACE (CITY OR TOWN) Switzerland 7  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME MARARETTA LAUBSCHER

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

17. INFORMANT MRS ARNOLD BURR  
 (ADDRESS) Telbette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE RIVERVIEW, TELBETTE DATE July 12, 1939

19. FUNERAL DIRECTOR (NAME) Glen Y. Margin  
 (ADDRESS) 700 Camp St. Hulton, Mo.

20. FILED 7/12/39 W.H. Williamson  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1934 to July 10, 1939  
 I last saw him alive on July 9, 1939 Death is said to have occurred on the date stated above, at 7:05 p.m.

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

Endocarditis  
& Coronary thrombosis  
C. Bronchial pneumonia  
 Date of onset 1936  
 Other contributory causes of importance: chronic nephritis "35-  
131

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? no  
 If so, specify .....  
 (Signed) W.H. Williamson, M. D.

(Address) makawee mo 107

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.

**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

John D. Batchelder, Registered Apprentice No. 192  
working under my personal supervision.

Signed Glen Y. Manspin  
Licensed Embalmer No. 2725

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.**