

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

25615
 Do not use this space.

AUG 14 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. 441 E. COMMERCIAL Registered No. 553
 (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. 243 W. DIVISION St. (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 (Use the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 70 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER
 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 ✓ 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

FATHER 13. NAME CARVIN BURGESS

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MRS. IRWIN BURGESS
616 HONEY

18. BURIAL, CREMATION, OR REMOVAL PLACE GREEN LAWN DATE JULY 11 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. KLINGNER
SPRINGFIELD, MO.

20. FILED July 11 1939 Chas. A. George Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him dead on July 9, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Gun shot self inflicted in right temple with 32 caliber revolver Date of onset _____

Other contributory causes of importance: 167

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 suicide Date of injury July 9 1939
 Where did injury occur 167 E. Commercial St. Springfield, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury _____ Nature of injury Gun shot in rt temple

24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify _____
 (Signed) Chas. A. George and Jas. B. Benson, J.P.
162 1/2 No. Robinson

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

William Max Rhodes

Licensed Embalmer No. *4071*

Brunswick, Ga.

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.

X