REC'D SEP 21 1939

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

29743
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe — Registration District No. 582
(b) Township — Primary Registration District No. 4344 — Registered No. 32
(c) City Paris, — (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. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 622 Robert Madison Burgess
(a) Residence, No. ..... 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 (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Burgess
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 12, 1873
7. AGE: Years 66 — Months 0 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.: Sinclair Ref. Co.
10. Date deceased last worked at this occupation (month and year): May 1939.
11. Total time (years) spent in this occupation: 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co., Mo.

FATHER
13. NAME: Robert M. Burgess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Celeste Hodges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dover Mo.

17. INFORMANT (ADDRESS): Mrs. Nora Alexander Paris, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE Sept. 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Speed & Blakey Paris, Missouri
20. FILED SEP 1 1939 F. A. Barnett M. D. (R. L.) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1939, to Aug 31, 1939
I last saw him alive on Aug 31, 1939. Death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/31/39
94b	
Other contributory causes of importance:	
Arteriosclerosis	[illegible]

Name of operation ..... Date of .....
What test confirmed diagnosis? none 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) Geo M. Rapp M. D.
910 (Address) Paris, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Officer No. 10
District File No. 9-39-1643
Date Filed SEP 14 1939

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.