

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.

95
1939 SEP 15 1939

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

30331
Do not use this space

1. PLACE OF DEATH
(a) County SCHUYLER Registration District No. 805
(b) Township LIBERTY Primary Registration District No. 6050
(c) City _____ (d) Street No. _____ Registered No. 66
(e) Length of residence in city or town where death occurred 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME HENRY W. BURNS
(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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 23. 1867.

7. AGE YEARS 71 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCHUYLER Co. Mo.

FATHER 13. NAME JOHN BURNS

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

MOTHER 15. MAIDEN NAME MATILDA TAYLOR

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

17. INFORMANT Mrs. Oleo West
(ADDRESS) Memphis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lancaster, Mo. DATE Aug. 31. 1939

19. FUNERAL DIRECTOR (NAME) Moreheads'
(ADDRESS) Lancaster, Mo.

20. FILED 9:1 19 39 Byrdie H. Drake
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 19 39 to Aug 29 19 39

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Myocardial Regurgitation Date of onset _____

Other contributory causes of importance: 92. W

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? Coroner
If so, specify _____
(Signed) Dr. B. H. Drake M. D.
(Address) Memphis, Mo.

(Complete Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-39-1573

Date Filed SEP 11 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, ...

True "Minnie Morehead

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Morehead

Licensed Embalmer No. 3731-3680

P. O. Address

Lancaster Pa

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.