

NOV 15 1939

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

36581  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston <sup>2</sup> Registration District No. 508  
(b) Township Cream Ridge Primary Registration District No. 5677 Registered No. 136  
(c) City 1 (d) Street No. 8 1/2 miles N. Chillicothe, Mo. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Joseph C. Burns <sup>659</sup>

(a) Residence, No. 8 1/2 miles N. Chillicothe, Mo. St.  Rural -  
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
84 4 12

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.  
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) Jackson Ohio

FATHER 13. NAME Calvin Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER 15. MAIDEN NAME Nancy Collard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown U. S. A.

17. INFORMANT (ADDRESS) Mrs. Dora Burns R.F.D.-5 Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE May Cem. DATE 11-1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank B. Norman Chillicothe, Missouri

20. FILED 11-1 1939 H. W. Moore, M.D. <sup>94</sup> Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1939 to Oct 30, 1939

I last saw him alive on Oct 30, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic Glomerular Nephritis  
Myocardial Insufficiency  
General Arteriosclerosis

Date of onset

Other contributory causes of importance:

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) H. W. Moore M. D.(Address) Chillicothe, Mo.

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RECEIVED

District No. 111

Case No. 111

District File Number

1139-1504

Date Filed

NOV 13 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.....

Elton F. Norman & E. R. Norman (2374) Registered Apprentice No.....  
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.