DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2158

Registration District No. Dr. Shirley

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Clark Township (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.#4, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether)

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole

(c) City or town Jefferson City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Alfred Burry. LOC

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Burry

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 24 (Day) 1863 (Year)

8. AGE: Years 76 | Months 76 | Days | If less than one day ____ hr. ____ min.

9. Birthplace Penn (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmaer

11. Industry or business " ?

FATHER
12. Name Jaocb Burry
13. Birthplace Not Known (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name Mary Bouder
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature ____

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-29-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Brazito, Missouri

18. (a) Signature of funeral director Mark J. Gordon

(b) Address Jefferson City, Missouri

19. (a) Jan 28 (Date received local registrar) (b) Mrs. T. L. Glover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 16, 1940, to Jan 27, 1940; that I last saw him alive on Jan 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Afebrile Lobular Pneumonia	11 days
Due to ✓	
✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

10701

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Geo H. Shirley M.D. (M. D. or other)

Address Eugene Mo. Date signed 1/28/40

(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.

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 Thomas J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City Mo

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

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