

Registration District No. **89**

Primary Registration District No. **8007**

Registrar's No. **110**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff, Mo.**
(c) Name of hospital or institution: **Poplar Bluff Hospital**
(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 **1 1/2**

3. (a) PRINT FULL NAME **Adam Hampton Burlison**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ida May** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 16, 1867**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Isaac N. Burlison**
18. Birthplace **Posy Co. Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Parks**
15. Birthplace **Posy Co. Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ed Burlison**
(b) Address **Puxico, Mo.**

17. (a) **Burial** (b) Date thereof **April 14, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown - Puxico, Mo.**

18. (a) Signature of funeral director **Greer-Croy Service**

(b) Address **Poplar Bluff, Mo.**

19. (a) **4/15/40** (b) **Abutsinger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Puxico**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**
year **1940** hour **2:10** minute **A** M.

21. I hereby certify that I attended the deceased from **Apr 6, 1940** to **Apr 12, 1940**
that I last saw him alive on **Apr 13, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Surgical shock - delayed** Duration **12 hours**

Due to **Prostatic tumor** **36 hours**
transurethral followed

Due to **by hemorrhage which**
resulted in suppurative cystitis **12**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Prostatic Hypertrophy**
Of operations **Acute Retention of Urine**
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Ed Burlison** (M. D. or other) _____
Address **Poplar Bluff Mo.** Date signed **4-18-40**

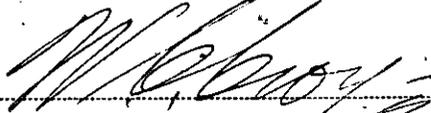
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... 

Licensed Embalmer No. 2474

P. O. Address Cypress Bluff

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.