

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21861

State File No. \_\_\_\_\_

Registration District No. 312

Primary Registration District No. 4218

Registrar's No. 1041

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Mound City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Paul Fredrick Burger. 626

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 23rd, 1935.  
(Month) (Day) (Year)

8. AGE: Years 5 Months 2 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mound City, Holt Co. Mo.  
(City, town, & county) (State or foreign country)

10. Usual occupation Child.

11. Industry or business \_\_\_\_\_

12. Name Fred Burger.

13. Birthplace Mound City, Holt Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Baker.

15. Birthplace Ind Indania.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Burger.

(b) Address Mound City Mo.

17. (a) Burial (b) Date thereof June 8th, 4  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Hope Cemetery.

18. (a) Signature of funeral director H. C. ...

(b) Address Mound City Mo.

19. (a) June 5, 1940 (b) J. ...  
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt  
(c) City or town Mound City Mo.  
(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 June day 6  
year 1940 hour 5 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 15, 1940 to June 6, 1940  
that I last saw him alive on June 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 0 \_\_\_\_\_

Other conditions 170  
(Includes pregnancy within 3 months of death)

Major findings: 1  
Of operations \_\_\_\_\_

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? 333

(e) 333 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. C. Perry (M. D. or other) MP

Address Mound City Mo. Date signed 6-7-40

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.

**RECEIVED**  
District Health Officer No. 11,  
District File Number 440-1163  
Date Filed JUL 9 1940

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**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 W. Crawford  
Licensed Embalmer No. 1824  
P. O. Address Manassas, Va. NW

**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.**