

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 273

Primary Registration District No. 49-19

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon
(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 _____
(Specify whether years, months or days)

In this community 6 years

3. (a) PRINT FULL NAME Ida Belle Burger 626

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Franklin Burger

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

7. Birth date of deceased January 10, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Champaign Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business home

MOTHER FATHER

12. Name Amos Johnson

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Hamilton

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

16. (a) Informant Mrs. Myrtle Henninger

(b) Address Oregon, Missouri

17. (a) Removal (b) Date thereof May 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Oklahoma

18. (a) Signature of funeral director James K. Pettigrew

(b) Address Oregon, Missouri

19. (a) May 17 1940 (b) Ralph C. Moad
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Oregon
(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 May day 15th
year 1940 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 15, 1940,
that I last saw her alive on May 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to _____

Due to 82W

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

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature Ed F. Marney (M. D. or other) _____
Address Oregon MO Date signed 5/16/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 11,

District File Number 740-1203

Date Filed JUL 11 1947

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 Jamie N. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.