

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28146

Registration District No. 118

Primary Registration District No. 5169

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Camden, Adams Co
(b) City or town Clina Springs Rural
(c) Name of hospital or institution Star Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution most of life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles Albert Burns

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Jan 18 1864
(Month) (Day) (Year)

18 1864
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

86

6

17

hr.

min.

9. Birthplace

Franklin Co Mo
(City, town, or county)

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name

Thomas Burnes

13. Birthplace

Grant Co Ky
(City, town, or county)

(State or foreign country)

14. Maiden name

Mary J. Kingsaid

15. Birthplace

Manchester, St. Louis Co Mo
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

John L. Burns

(b) Address

Clina Springs, Mo IPR

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Aug 5-1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Woolery Cem. Woolery Co Mo

18. (a) Signature of funeral director

Baakban-Woolery

(b) Address

Camden, Mo

19. (a) Aug 18-40

(Date received local registrar)

W S Windsor
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Clina Springs, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1940 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from June 21, 1940 to Aug 5, 1940, that I last saw him alive on Aug 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Chronic

Duration

unknown

Due to

Inferior 9 Apr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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?

While at work?

(Specify type of place)

Means of injury

23. Signature Self (M. D. or other)
Address Camden, Mo Date signed 8-17-40

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1302

Date Filed 9-11-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *Prepared* embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Abbie Banksen Wooler*

Licensed Embalmer No. 2488

P. O. Address *Corn Suters, W*

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.