

STANDARD CERTIFICATE OF DEATH

State File No. **31347**
Registrar's No. **30**

Registration District No. **61**

Primary Registration District No. **5098**

Registrar's No. **30**

1. PLACE OF DEATH

(a) County **Benton Alexander Twp**

(b) City or town **Wisdom Rural**
(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 **2**
(Specify whether)

In this community **3** yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Wisdom Alexander Twp**
(If outside city or town limits, write "RURAL")

(d) Street No. **0** **Near Wisdom (2 Mi. North)**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **31**
year **1940** hour **6:50 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **April, 22, 1940** to **Aug., 31, 1940**
that I last saw him alive on **Aug., 31, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial pneumonia**
Bronchial

Duration **1 mo.**

Due to **Asthma Bronchial** **2 yrs.**

Due to _____

Other conditions **107W**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no operations**

Of autopsy **none**

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? **65**

(Specify type of place) _____ (e) Means of injury **3**

23. Signature **Busschally** (M. D. or other) **DO**
Address **WARSAW, MO.** Date signed **8-31-40**

3. (a) PRINT FULL NAME **William F Burns**

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

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

6. (b) Name of husband or wife **Elizabeth** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Jan 9 1892**
(Month) (Day) (Year)

8. AGE: Years **48** Months **7** Days **22** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Henry Burns**

13. Birthplace **Galiton Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Adwell**

15. Birthplace **Galiton Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah Burns**

(b) Address **Wisdom, Mo.**

17. (a) **Removal Burial** (b) Date thereof **9-3-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park B.C. Kans**

18. (a) Signature of funeral director **J. P. Lewis, Fishersville, Mo.**

(b) Address **Kansas City, Mo.**

19. (a) **8-31-1940** (b) **Jas A. Logan**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1411

Date Filed 10-8-40

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.....

P. O. Address.....

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, fact should be so stated above.