

No. 2
1-10-39
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X21492

FILED OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31534**

Registration District No. **89**

Primary Registration District No. **5131**

Registrar's No. **300**

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

1. PLACE OF DEATH:
 (a) County Bullitt
 (b) City or town Rural - Neelyville S. E. Neelyville
 (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 _____)
 In this community _____ (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo
 (b) County Bullitt
 (c) City or town Rural - Neelyville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME ROBERT CARROLL BURGARDNER
3. (b) If veteran, name war V
3. (c) Social Security No. 6

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29
 year 1940 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 15
 1940 to Sept 29 1940
 that I last saw him alive on Sept 29 1940
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased: Sept 29 1939
 (Month) (Day) (Year)

Immediate cause of death: Tuberc Pneumonia
following
Perituberc.
Due to: _____
Due to: _____
Other conditions: Malaria & Cholera Infantum
 (Include pregnancy within 3 months of death)

8. AGE: Years 1 Months _____ Days _____
 If less than one day _____ hr. _____ min.
9. Birthplace: Neelyville Mo.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

10. Usual occupation: _____
11. Industry or business: _____
12. Name: Johnnie Burgardner
13. Birthplace: Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name: Henry
15. Birthplace: Mo.
 (City, town, or county) (State or foreign country)

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
23. Signature: J. J. Dan (M. D. or other) _____
Address: Neelyville Date signed _____

16. (a) Informant: Johnnie Burgardner
 (b) Address: Neelyville
17. (a) Burial, cremation, or removal: Neelyville (b) Date thereof: Oct 1, 1940
 (Month) (Day) (Year)
 (c) Place: burial or cremation: Kinsey Cem.
18. (a) Signature of funeral director: W. J. ...
 (b) Address: Mo.
19. (a) 10-27-40 (b) W. J. ...
 (Date received local registrar) (Registrar's signature)

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 *Bryan C. McCord*

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.