

FILED OCT 23 1948

STANDARD CERTIFICATE OF DEATH

State File No. 32170

Registration District No. 384

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County Newport

(b) City or town West Plains, 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 2
years, months or days (Specify whether)

In this community 4 yrs
years, months or days

8. (a) PRINT FULL NAME Jamel Fredric Burgdurf

8. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased 9-12-1935
(Month) (Day) (Year)

8. AGE: Years 5 Months 8 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

12. Name Rev. A. C. Burgdurf

13. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)

14. Maiden name Gettel Coward

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

16. (a) Informant A. C. Burgdurf

(b) Address West Plains, Mo

17. (a) Body Removal (b) Date thereof 9-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Robert

(b) Address West Plains, Mo

19. (a) 9-21-40 (b) V. W. SIMONS
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newport

(c) City or town West Plains, Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1940 hour 8:10 minute 7 M.

21. I hereby certify that I attended the deceased from 9-19-40
1940, to 9-20-1940;
that I last saw him alive on 9-19-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gas-Colitis
Duration 9-17-40

Due to 12/18

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? 3411

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

23. Signature E. C. Bohrer (M. D. or other) MD
Address West Plains, Mo Date signed 9-21-40

E. Claude Bohrer

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

RECEIVED

District Health Officer No. 5,

District File Number 1040 976

Date Filed.....

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

J. A. Roberts

Licensed Embalmer No. 3432

P. O. Address West Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.