

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 1229

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
Tucker Street So of City Limits
(d) Length of stay: In hospital or institution _____
In this community 30 years

3. (a) PRINT FULL NAME LEANDER BURGNER

3. (b) If veteran, name war none 3. (c) Social Security No. 487-07-9888

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Burgener 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 6th. 1872

8. AGE: Years Months Days If less than one day
67 9 16 _____ hr. _____ min.

9. Birthplace Bigelow Mo.

10. Usual occupation _____

11. Industry or business Stock Yards Co.

12. Name John I. Burgener

13. Birthplace unknown Indiana

14. Maiden name Emma C. Mapes

15. Birthplace Calaway County Mo.

16. (a) Informant Mrs. E. L. Howell

(b) Address 608 Thompson Ave. St. Joseph

17. (a) Burial (b) Date thereof 11-25-40

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) Nov 25-1940 (b) H. H. H. H. H. (c) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town Rural
(d) Street No. Tucker Street
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd.
year 1940 hour 5 minutes 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1940
to Nov. 22, 1940

that I last saw him alive on Nov 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate and bladder Duration 1 yr.

Due to _____

Due to _____

Other condition Secondary anemia 3 mos.

Major findings: Cytoscopic exam. Carcinoma of above.

Of operations _____

Of autopsy none

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work? _____ (Specify type of place)

23. Signature W. Joseph, Mo. (M. D. or other) IMD

Date signed 11-25-40

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



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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.....

Myself
working under my personal supervision.

....., Registered Apprentice No.

Signed *Geo. E. Danu*

Licensed Embalmer No. *3300*

P. O. Address *St. Joseph*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38236**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **80**

Primary Registration District No. **5727**

Registrar's No. **1229**

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

ROWENA M. MOORE

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **Washburn**
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

3. (a) PRINT FULL NAME

Leander Burgener

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month) (Day) (Year)

8. AGE:

Years **67** Months **9** Days **16**

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Feb 5, 1941**

(Date received local registrar)

(b) **J. M. Muthouse**

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **Nov** day **27**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate & bladder**
Carcinoma of prostate
Due to **Primary - 51**

Other conditions **secondary anemia**
(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)

(e) Means of injury _____

23. Signature **Ed. Beant** (M. D. or other) **MD**

Address **St. Joseph, Mo.** Date signed _____

SUPPLEMENTARY

1-30-41

