

Registration District No. **491**

Primary Registration District No. **576 55**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural Snowdell
(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

3. (a) PRINT FULL NAME: no name
3. (b) If veteran, name war _____ **3. (c) Social Security** No. none

4. Sex: male **5. Color or race:** white **6. (a) Single, widowed, married, divorced:** single
6. (b) Name of husband or wife: _____ **6. (c) Age of husband or wife if** _____ **alive** _____ **years**
7. Birth date of deceased: October 25 1940
(Month) (Day) (Year)

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

9. Birthplace: Lincoln Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: _____

MOTHER FATHER
12. Name: Donald Burford
18. Birthplace: Annada Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Virginia Collins
15. Birthplace: Woodson Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant: Donald Burford
(b) Address: Winfield Mo

17. (a) Burial, cremation, or removal: Burial **(b) Date thereof:** Oct 25 1940
(Month) (Day) (Year)
(c) Place: burial or cremation: Shornhill cem

18. (a) Signature of funeral director: Wayne Mcroy
(b) Address: Tracy Mo

19. (a) Date received local registrar: Nov 40 **(b) Registrar's signature:** Mrs. Pearl Mack

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo **(b) County:** Lincoln
(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25, year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from October 25, 1940 **to** October 25, 1940 **that I last saw him alive on** Oct. 25, **1940** **and that death occurred on the date and hour stated above.**

Immediate cause of death: PREMATURE BIRTH
About 4th month of pregnancy
Due to: Cause unknown

Due to: _____
Other conditions: _____ (Include pregnancy within 3 months of death)
15A

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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? 440

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

23. Signature: Dr. J. J. Alvato (M. D. number) 1
Address: Winfield Mo **Date signed:** Oct 28

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

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 complete the above constitutes grounds for revocation of license.)

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