No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39155 / 18

Registration District No. 1076 Primary Registration District No. 5680 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Avalon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home in Avalon Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)
In this community 64 years, 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Avalon
(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 OLIE ESTEL BURGARD
3. (b) If veteran, name war NO.
3. (c) Social Security No. XX
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora (Haynes) Burgard,
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased December 19th, 1873 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day ... hr. ... min.

9. Birthplace McDonough County, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter,
11. Industry or business XX
FATHER 12. Name Samuel ZH? Burgard,
13. Birthplace York county, Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Charity Ellen Clevenger.
15. Birthplace McDonough County, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs O. E. Burgard,
(b) Address Avalon, Missouri.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Avalon, Missouri.
18. (a) Signature of funeral director Clifford W. Hunter
(b) Address
19. (a) Dec. 2, 1940 (Date received local registrar) (b) Mrs. Chas. Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st - 1940 year ... hour 7 minute 15 p.M.
21. I hereby certify that I attended the deceased from June 1, 1940, to Dec 1, 1940; that I last saw him alive on 12-1-40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis of left hip	
Due to Chr. Myocarditis	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. M. Downey (M. D. or other)
Address Chillicothe Mo. Date signed 12/2/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Donald A. Donnel

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 Clifford W. Austin, Registered Apprentice No. _____ working under my personal supervision.

Signed Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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

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