

JAN 25 1940

Registration District No. **11-00**

Primary Registration District No. **555312**

Registrar's No. **217**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Jackson  
 (c) Name of hospital or institution Jackson County Home for the Aged & Infirm  
 (d) Length of stay: In hospital or institution 4 mo - 10 days  
 In this community 30 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County Jackson  
 (c) City or town Buckner  
 (d) Street No. 0  
 (e) If foreign born, how long in U. S. A. 0 years.

**3. (a) PRINT FULL NAME** Emil Bureman  
 (b) If veteran, name war ✓ (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 7. Birth date of deceased Oct 6 1885

**8. AGE:** Years 55 Months 2 Days 17 If less than one day hr. min.

9. Birthplace unknown Kansas

10. Usual occupation Laborer

11. Industry or business unknown

**MOTHER** { 12. Name unknown  
 18. Birthplace unknown unknown

14. Maiden name unknown unknown

15. Birthplace unknown unknown

16. (a) Informant W. J. McCauley  
 (b) Address Little Blue, MO

17. (a) Burial (b) Date thereof 12-24-40

(c) Place: burial or cremation Buckner, Mo.  
 18. (a) Signature of funeral director Ray H. Reppert  
 (b) Address Buckner

19. (a) 12-26-40 (b) Sarah L. Jones

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Dec day 23  
 year 1940 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 11/17-40 to 12/23-40  
 that I last saw him alive on 12/23/40  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Hypostatic 7 days  
 Due to Paralytic Azotemia 10 yrs

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? 9720 (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Ray H. Reppert (M. D. or \_\_\_\_\_)  
 Address 419 W. Walnut Date signed 12/23/40

8712

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~~.....

Hazel H. Reppert....., Registered Apprentice No. 2469  
working under my personal supervision.

Signed Hazel H. Reppert.....

Licensed Embalmer No. 2469.....

P. O. Address Buckner, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42812

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 400

Primary Registration District No. 5553 B

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Prarie Twp  
(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 Jackson Co - Home "aged"  
(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 Emil Bureman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 17 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 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) \_\_\_\_\_ (b) Date thereof. (Month) (Day) (Year)  
(Burial; cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Dec day 23  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that was born \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
operated on Dr. Bureman  
N. M. D.  
Due to Paralysis agitans  
no trace

Due to \_\_\_\_\_  
Other conditions. (Include pregnancy within 3 months of death) 878

Duration

10 days

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) Means of injury \_\_\_\_\_  
23. Signature Dr. J. W. Kelley (M. D. or other) \_\_\_\_\_  
Address 419 W. Walnut Date signed \_\_\_\_\_

SUPPLEMENTAL

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

S-42812