

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

44233

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County North  
(b) City or town Grant City  
(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

John Russell Burns

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

Male

5. Color or

race

W

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

Lou Howell

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

7

8

hr.

min

9. Birthplace

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

10. Usual occupation

Payman

11. Industry or business

MOTHER, FATHER

12. Name

Thomas Burns

13. Birthplace

Ohio  
(City, town, or county)

(State or foreign country)

14. Maiden name

Smith

15. Birthplace

Indiana  
(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Albert Whelan

(b) Address

Grant City, Mo.

17. (a)

Mt Vernon  
(Burial, cremation, or removal)

(b) Date thereof

Oct 18, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation

Mt Vernon

18. (a) Signature of funeral director

John Anderson

(b) Address

Grant City, Mo.

19. (a)

Dec 20, 1940  
(Date received local registrar)

(b)

Clifford Hase  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County North  
(c) City or town Grant City  
(If outside city or town limit, 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 Oct day 18 1940  
year hour minute M.

21. I hereby certify that I attended the deceased from Dec 4  
1935, to Oct 12, 1940

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

Endocarditis

Due to

Due to

Heart Disorder

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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)

(a) Means of injury

23. Signature

Address

John Anderson  
Grant City  
Date signed

**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 (3285)

John Andrews, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

John Andrews

Licensed Embalmer No. 3285

P. O. Address Grant City

**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.