

FILED FEB 14 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 120

Primary Registration District No. 2109

Registrar's No. 17

16
1
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 S. Lorimer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community One year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 209 S. Lorimer
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME John Burford

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

4. Sex Male 5. Color or race Negro 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 Sept. 2, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Seventy-six, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name Anderson Burford

13. Birthplace Jackson, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Jackson

15. Birthplace Bollinger County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Pringle (Sister)
(b) Address 209 S. Lorimer

17. (a) Burial (b) Date thereof Jan. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seventy-Six, Missouri

18. (a) Signature of funeral director F. D. Sparks
(b) Address Cape Girardeau, Missouri

19. (a) 1-14-41 (b) John Pringle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1941 hour 13:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from 12-27, 1940 to _____, 1940;
that I last saw him alive on 12-27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to _____

Due to _____

Other conditions HTA
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____ Means of injury _____

23. Signature W. A. Ungal (M. D. or other) _____
Address 17 N. Sprigg St. Date signed 1-14-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER 199

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank Sparks

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank Sparks

.....
Licensed Embalmer No.....

3455

..... P. O. Address.....

Cape Girardeau

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.