

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6622
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar
(b) Township Linn
(c) City Stockton, Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 165
Primary Registration District No. 3231

Registered No. 8

(d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Albert Edward Burns
(a) Residence, No. Cedar County, Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1896
7. AGE YEARS 44 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Labor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County, Mo.

13. NAME Chas. W. Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County, Mo.

15. MAIDEN NAME Jesse May Soward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) C. A. Burns
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pankey DATE Feb. 3, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Davis & Co.
Stockton, Mo.

20. FILED Feb 20, 1941 Mrs Minnie Barleton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 to Feb 2, 1941
Last saw him alive on Feb 2, 1941 Death is said to have occurred on the date stated above, at 12-30 P.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Influenza
Other contributory causes of importance: 33W

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1941
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify James V. Hubert, M. D.
(Signed) James V. Hubert
(Address) Stockton, Mo.

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.