

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6623

Registration District No. 165

Primary Registration District No. 5231

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural - Linn
(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
In this community All of Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edgar Lee Burns

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

4. Sex Male
5. Color or race White
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 Jan. 3, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 1 2 hr. min.

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

10. Usual occupation Farm Hand

11. Industry or business

12. Name C. H. Burns
13. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jesse May Saward
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Samantha Jones

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 2-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pankey

18. (a) Signature of funeral director H. C. Davis

(b) Address Stockton, Mo.

19. (a) Jan 30 (b) Mrs Minnie Barleton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1941 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Feb 4, 1941, to Feb 6, 1941,
that I last saw him alive on Feb 6, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia 9 days

Due to

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?

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While at work? (Specify type of place) (a) Means of injury

23. Signature Wm. B. Richter (M. D. or other) P.M.
Address Stockton, Mo. Date signed 2-6-41

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 Quere

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.