

2
3-40
7-39
X23159

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13741

State File No. _____

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 120

1. PLACE OF DEATH:

(a) County: Gasconade

(b) City or town: Keosauqua Mo

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days
(Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Marion

(c) City or town: Callao 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.? 1 years.

3. (a) PRINT FULL NAME: Minifred ANN BURMAN

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1941 hour 7 minute 45 P. M.

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 (Day) (Year)

7. Birth date of deceased: March 14 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 23, 1941, to April 24, 1941; that I last saw her alive on April 24, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>4</u>	hr. _____ min.

Immediate cause of death: meningitis - organism unknown

Duration: 1 week

9. Birthplace: Callao Mo (1)
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation: _____

Other conditions: GIW
(Include pregnancy within 3 months of death)

11. Industry or business: _____

Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

12. Name: Roscoe Burman

13. Birthplace: Callao Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Howard

15. Birthplace: Callao Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Roscoe Burman

(b) Address: Callao Mo

17. (a) Charity (b) Date thereof: 4-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Charity Church

18. (a) Signature of funeral director: W. S. Edwards

(b) Address: Callao Mo

19. (a) April 25/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: J. M. ... (M. D. or other) J. M. ...

Address: Callao Mo Date signed: 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-41-910

Date Filed MAY 14 1941

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.....

M. J. Edwards

Registered Apprentice No. 1964

working under my personal supervision.

Signed M. J. Edwards

Licensed Embalmer No. 1964

P. O. Address Bevier 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, fact should be so stated above.