

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

MAILED MAY 13 1941 STANDARD CERTIFICATE OF DEATH

State File No. 14557

Registration District No. 310

Primary Registration District No. 2001

Registrar's No. 330

1. PLACE OF DEATH

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 991 E. Pacific
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME Thomas Edward Burgess

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

4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Twigger Burgess 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 23, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace New Albany, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Railroad

12. Name Joseph Burgess

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Sope

15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie T. Burgess

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 4/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 4-20-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1941 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 17, 1941 to April 17, 1941
that I last saw him alive on April 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage

Due to Gastric Ulcer not malignant

Due to _____
Other conditions (Include pregnancy within 3 months of death) 11/1/41

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? 984

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

23. Signature W. E. Handley (M. D. or other) 11
Address Springfield MO Date signed 4-18-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6229

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.....

Lewis G. Scharpf

Licensed Embalmer No. *3802*

P. O. Address.....

Springfield, M

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.

X