o. 2
13-40
.7-39
X23159

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

FILED JUL 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21088

Registration District No. 66 Primary Registration District No. 4038 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Lutesville
(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 (Specify whether years, months or days) In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Lutesville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Leander Burford
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 Widowed
6. (b) Name of husband or wife /
6. (c) Age of husband or wife if alive / years
7. Birth date of deceased July (Month) 15 (Day) 1871 (Year)

8. AGE: Years 69 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Gravel Hill (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Blacksmith
11. Industry or business.....

MOTHER FATHER
12. Name Scott Burford
13. Birthplace Franklin (City, town, or county) Tenn. / (State or foreign country)
14. Maiden name Maggie Ellis
15. Birthplace ..... (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Logan Bonsford
(b) Address Lutesville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. E. Graham
19. (a) July 15 41 (Date received local registrar) (b) Nellie A. Baumgardner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1941 hour 5:00 minute 30 P. M.
21. I hereby certify that I attended the deceased from 7/14/41, 19..., to 7/14/41, 19...; that I last saw h. alive on 7/14/41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertension	
Due to Chronic Nephritis	
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? (Specify type of place)
While at work? (e) Means of injury.....

23. Signature W. L. Dampier (M. D.)
Address Farmington Mo. Date signed 7/14/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 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.....

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

working under my personal supervision.

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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