

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24464

State File No.

Registrar's No. 9

Registration District No. 66

Primary Registration District No. 510293

1. PLACE OF DEATH:

(a) County **Bellinger**
(b) City or town **Rural Lorange Two.**
(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 **Driving through 3** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Wendell Burlbaw**

3. (b) If veteran, name war
3. (c) Social Security No. **364-01-2386**

4. Sex **Male** 0
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marzella Burlbaw**
6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **Feb. 16 1912**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 5 12 hr. min.

9. Birthplace **Crawford Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **John Edward Burlbaw**

13. Birthplace **Washington Co. Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Della Whiteside**

15. Birthplace **W.C. Burlbaw 11. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address **Cantwell, Mo.**

17. (a) **Burial** (b) Date thereof **July 31, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cantwell, Mo.**

18. (a) Signature of funeral director **B. T. Gayer**

(b) Address **Dealoger, Mo.**

19. (a) **July 29 1941** (b) **Willie H. Burlbaw**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Francois**
(c) City or town **Cantwell** 074
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29th**
year **1941** hour **4:00** minute **15** A.M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Accidental death

Due to **Automobile accident**

Due to **No medical attendance**

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) **Accident**

(b) Date of occurrence **July 29, 1941**

(c) Where did injury occur? **Bollinger, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Highway #51
(Specify type of place)

While at work? (e) Means of injury **Crushed skull**

23. Signature **J. E. Graham** (M.D. or other)

Address **Luttwille, Mo.** Date signed **July 29, 1941**

000 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1941

AUG 29 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.....

Licensed Embalmer No.....

P. O. Address.....

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.