

No. 2
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FILED SEP 10 1947 03

Primary Registration District No. 4424

Registrar's No.

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

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1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Humansville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Polk
 (c) City or town Humansville
(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.

3. (a) PRINT FULL NAME Alvah Burdick
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 30
 year 1941 hour 7 minute 15 p.m.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced _____
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

7. Birth date of deceased 1 (Month) 1 (Day) 1 (Year)
 8. AGE: Years About 53 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to Coronary Occlusion
 Due to _____
 Other conditions 94 A
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____
 17. (a) Removal (b) Date thereof July 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cameron, Texas

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? _____

18. (a) Signature of funeral director Joseph & Firestone
 (b) Address Humansville, Mo
 19. (a) Sept 8-41 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature R. A. Joseph (M. D. or other) 3
 Address Humansville Date signed 7/31/41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1626

Date Filed 9-9-41

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

Paul Duestone

Licensed Embalmer No.

3990

P. O. Address

Collins 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.