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BUREAU OF THE CENTRAL
FILLED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29656

Registration District No. 887

Primary Registration District No. 4638

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wash

(b) City or town Potosi
(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
years, months or days)

3. (a) PRINT FULL NAME David Surf Burt

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex mo

5. Color or race w

6. (a) Single, widowed, married, divorced o

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May 2 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 7 hr. min.

9. Birthplace Granton Mo o
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Frank Newton Burt

13. Birthplace Potosi Mo o
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Burt

15. Birthplace Potosi Mo o
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Burt

(b) Address Potosi Mo

17. (a) Burial (b) Date thereof 8-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director W. B. Boyer + Son

(b) Address Potosi Mo

19. (a) Aug 15 41 (b) G. J. Cassman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash 110

(c) City or town Potosi 7
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
Did not attend..... 19.....

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Potent Pericardial
Craval of Heart

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)
151E

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 on or about home, on farm, in industrial place, in public place?
County Physician
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. J. Russell (M. D. or other)
Address Potosi Mo Date signed 8/10/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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