No. 2
-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42546

State File No. .....

Registration District No. 595 Primary Registration District No. 43 07 Registrar's No. 6-93

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: UU —

(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: 75 years

2. USUAL RESIDENCE OF DEASCED:

(a) State: Missouri (b) County: Montgomery 70 6 6 0

(c) City or town: Rural (If outside city or town limits, write "RURAL.")

(d) Street No.: R.R. Hellsville, Montgomery Co. Mo. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Frederick Gilbert Burwell

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: Married

6. (b) Name of husband or wife: Lucy V. Burwell

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Nov (Month) 5 (Day) 1860 (Year)

8. AGE: Years 81 Months 1 Days 26 If less than one day — hr. — min.

9. Birthplace: Jerseyville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: —

FATHER
12. Name: Filbert A. Burwell
13. Birthplace: Woodstock (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name: Almira Derby
15. Birthplace: Woodstock (City, town, or county) Vermont (State or foreign country)

16. (a) Informant: H. L. Burwell, son
(b) Address: Hellsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 3-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Hellsville Mo.

18. (a) Signature of funeral director: F.O. Burhus
(b) Address: Hellsville Mo

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 22 1939 to Dec 14 1940 that I last saw him alive on Dec 14 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Mitral insufficiency Enlarged heart	
Due to: Coronary sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9 H a	
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: Paul E Coel (M. D. or other)
Address: Mexico Mo Date signed 1-7-42

1870

(Licensed Embalmer's Statement on Reverse Side)

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 C C Kuhne

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42546

Registration District No. 595 Primary Registration District No. 5791 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Montgomery
(b) City or town: Rural
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Frederick G. Burwell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov (Month) 5 (Day) 1860 (Year)

8. AGE: Years 81 Months 1 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
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)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) January 9-1942 (Date received local registrar) (b) Mrs Virgie Norton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day
year 1942 hour minute M.
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 — Duration
Due to
Due to
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 (M. D. or other)
Address Date signed