S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 117

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1856

Primary Registration District No. 5167

Registrar's No. 4

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

15
0
0

1. PLACE OF DEATH

(a) County Camden

(b) City or town Camdenton I O O O D. H.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home - Gen Del. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community Since Sep 25-1941 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

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

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

(e) Citizen of ~~foreign country~~? Former of Omaha Neb. (~~Yes or No~~)

If yes, name country 2118 Cuming St

3. (a) PRINT FULL NAME Louis Burmester

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race wht

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

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

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

7. Birth date of deceased Oct (Month) 19 (Day) 1866 (Year)

8. AGE: Years 75 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Omaha (City, town, or county) 1 Neb. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Furnace Manufacture

FATHER
12. Name Adolph Burmester
13. Birthplace Hamburg 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Mary Wehrer
15. Birthplace Kolberzell 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Charles Burmester
(b) Address Camdenton Mo

17. (a) Removal + Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Omaha Neb. Mt Hope Cem

18. (a) Signature of funeral director Bankson - Woolery
(b) Address Camdenton, Mo

19. (a) Feb 9, 1942 (Date received local registrar) (b) LaVenia Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day ~~12~~ 13 year 1941 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-8-41, 19 to Dec ~~12~~ 13, 1941 that I last saw him alive on Dec 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Thrombosis

Due to none

Due to no

99.1

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none -

Duration

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 E. F. Oldiborne M.D. (M.D. or other)

Address Camdenton, Mo Date signed 12/

1153

(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 Robert Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.