

FILED FEB 4 1942

Registration District No. 218

Primary Registration District No. 3015

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

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville** (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 **50 Years.** (Specify whether years, months or days)
In this community **50 Years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville** (If outside city or town limits, write "RURAL")
(d) Street No. **535--4th. St.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----**

3. (a) PRINT FULL NAME **John Beverly Burge.**

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 **Bertha Burge** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **June 11th 1859** (Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **16** If less than one day hr. min.

9. Birthplace **Bates County, Missouri.** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer.**

MOTHER FATHER

11. Industry or business
12. Name **Oscar Burge**
13. Birthplace **Kentucky.** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Miller.**
15. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **R. P. Burge.**
(b) Address **Boonville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 29th/42** (Month) (Day) (Year)
(c) Place: burial or cremation **Walnut Grove Cem.**

18. (a) Signature of funeral director **Goodman & Roller**
(b) Address **Boonville, Mo.**

19. (a) **1-29-42** (Date received local registrar) (b) **Dr. Chas Swap** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **37th** year **1942** hour **11** minute **30** a.m.

21. I hereby certify that I attended the deceased from **January 6, 1942** to **January 27, 1942** that I last saw him alive on **January 27th** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis** Duration **30 min**

Due to **Hypertension** **10 yrs**

Due to **-----**
Other conditions **Dissecting Aortic Aneurysm** (Include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None** **9/4**
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) (e) Means of injury **-----**
While at work? **-----**
23. Signature **A. B. Coates** (M.D. or other) **D.D.**
Address **Boonville, Mo** Date signed **1/29/42**

1088

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-2-42.....

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. 1178

P. O. Address Boonville, 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.