

1. PLACE OF DEATH:

(a) County MONROE
 (b) City or town PARIS (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MEMURRY HOSPT. O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 DAYS
(Specify whether)
 In this community FOR LIFE
years, months or days

3. (a) PRINT FULL NAME SAMUEL PLEASANT BURGESS

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 WIDOWED
 6. (b) Name of husband or wife MOLLIE E. BURGESS 6. (c) Age of husband or wife if alive 18 years
 7. Birth date of deceased: JUNE 9, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 6 If less than one day
hr. min.

9. Birthplace MONROE Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

MOTHER FATHER

11. Industry or business _____
 12. Name ROBT. M. BURGESS
 13. Birthplace KY.
(City, town, or county) (State or foreign country)
 14. Maiden name CELESTE HODGES
 15. Birthplace 1 KY.
(City, town, or county) (State or foreign country)

16. (a) Informant Marquette B. Loren
 (b) Address 1812 W. 11th, OKLAHOMA CITY, OKLA.

17. (a) BURIAL (b) Date thereof FEB. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Slaney
 (b) Address PARIS, MO.

19. (a) 2-15-42 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
 (c) City or town PARIS (If outside city or town limits, write "RURAL")
 (d) Street No. E. LOCUST ST. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 15
 year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 25
1942 to FEB 15, 1942
 that I last saw him alive on FEB 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 mo

Due to _____
 Due to 93d

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature M. C. M. Mink
 Address PARIS, MO. Date signed 2-15-42.

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

MAY 21 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-339

Date Filed MAR 10 1942

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7315

Registration District No. 582

Primary Registration District No. 4344

Registrar's No.

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Jaris
(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
In this community _____
years, months or days)

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 Samuel P. Burgess

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 w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9 1851
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days _____ If less than one day _____ 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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 2/28/1942 (b) W E Beacom
(Date received/local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ live 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

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

SUPPLEMENTARY

INFORMATION BY E.H. AGNEW PRESENT REGISTRAR

MAY 21 1942