

**WED MAY 13 1942**

Registration District No. 125

Primary Registration District No. 5871

Registrar's No. 26

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

**1. PLACE OF DEATH**  
 (a) County Pemscot  
 (b) City or town Deering Rural  
(If outside city or town limits, use "RURAL" and name of township)  
 (c) Name of hospital or institution: Deering Rural Twp.  
(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

**3. (a) PRINT FULL NAME** ISSAC BURNS  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race Col.  
 6. (a) Single, widowed, married, divorced □  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 1930  
(Month) (Day) (Year)

8. AGE: Years 11 Months 10 Days \_\_\_\_\_  
If less than one day hr. min.

9. Birthplace Greenville, Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Charles Burns  
 13. Birthplace Winnamun, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Evans  
 15. Birthplace Hazel, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Alberta Haines  
 (b) Address Deering, Mo.

17. (a) Burial (b) Date thereof Apr. 13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Graber

18. (a) Signature of funeral director Norman Hurd Co.  
 (b) Address Steele, Mo. Box 124

19. (a) 4-14-42 (b) Mrs Opal M. Clasky  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Pemscot  
 (c) City or town Deering Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 12  
 year 1942 hour 10:00 minute P. 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 Drowned on ditch # 78 on Deering road.  
 Due to Accidental

Due to \_\_\_\_\_  
 Other conditions 183-3  
(Include pregnancy within 3 months of death)

Major findings: 36  
 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) accident  
 (b) Date of occurrence April 11, 1942  
 (c) Where did injury occur? Near Deering, Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Drainage ditch  
(Specify type of place)  
 While at work: Plumbing Means of injury \_\_\_\_\_  
 23. Signature Jules W. Moore (M. D. or other)  
 Address Deering, Mo Date signed \_\_\_\_\_

5-42-13

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 3959

P. O. Address Steele, 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, above space should be left blank.**