

FILED JUN 22 1942

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 595

Primary Registration District No. 6791

Registrar's No. 8

1. PLACE OF DEATH

(a) County Montgomery
(b) City or town Rural, Upper South
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 74-11-7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE GRANT 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 Molly B. Burwell 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 10 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 7 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business General Farm work

12. Name Salbut A. Burwell

13. Birthplace Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Elmina Derby

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Burwell

(b) Address Wellsville, Mo

17. (a) Burial (b) Date thereof May 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery No Cemetery
J.W. Kistner

18. (a) Signature of funeral director Wellsville Mo
(b) Address Wellsville Mo

19. (a) May 19 1942 (b) Mrs. Margie Norton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1942 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10
42 to May 17 1942
that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Thrombosis
Due to Myocarditis & myocardial degeneration
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature J. J. [Signature] (M. D. or other)
Address Wellsville Mo Date signed 5/18/42

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

70
00
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1057

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 *[Signature]*
Licensed Embalmer No. *3359*
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.

MISSOURI BOARD OF EMBALMERS