

FILED JUN 19 1942
Registration District No. 773-714

Primary Registration District No. 5945

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (Tavern Township)
(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 Life years, months or days

3. (a) PRINT FULL NAME Edna Louise Burgess

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 12, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 10 10 hr. min.

9. Birthplace Crocker, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Roy Hicks Burgess

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

14. Maiden name Betsy Jane Hamilton

15. Birthplace Crocker, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Burgess

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 5/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Mo.

19. (a) 6-9-42 (b) Chas McDole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1942 hour about 10 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation
Due to Duration

Due to 3 17

Other conditions Philipson
(Include pregnancy within 6 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) Accident 085

(b) Date of occurrence May 22, 1942

(c) Where did injury occur? near Crocker, Mo.
(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? _____ (a) Means of injury _____

23. Signature _____ (M. D. or other)
Address Crocker, Mo. Date signed 6/1/42

RECEIVED

Pulaski County Health Officer

File Number 6-42-154

Date Filed 6-15-47

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

Paul B. Hanger

Licensed Embalmer No. 3261

P. O. Address _____

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.