

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JUL 1 5 1942

1. PLACE OF DEATH: *Dunklin*

(a) County *Dunklin*

(b) City or town *Rural*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Salmon Twp*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: *35*

(a) State *Missouri* (b) County *Dunklin*

(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? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Will Burley*

3. (b) If veteran, name war _____

3. (c) Social Security No. *no*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *24*
year *1942* hour *1* minute *2* M.

4. Sex *M* 5. Color or race *Black*

6. (a) Name of husband or wife *Collie Burley*

6. (b) Single, widowed, married, divorced *married*

6. (c) Age of husband or wife if alive *38* years

7. Birth date of deceased: (Month) *11* (Day) *03* (Year) _____

21. I hereby certify that I attended the deceased from *unattended by a physician*
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years *39* Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death *Coronary thrombosis attack*
Duration *1 hr 30 min*

9. Birthplace *not known Ia*
(City, town or county) (State or foreign country)

10. Usual occupation *laborer*

Due to _____

Due to _____

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

11. Industry or business _____

12. Name *not known Burley*

13. Birthplace *not known Ia*
(City, town or county) (State or foreign country)

14. Maiden name *not known*

15. Birthplace *not known Ia*
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant *Collie Burley*

(b) Address *Kennett, Mo. R. # 1*

17. (a) *Burial* (b) Date thereof *6-24-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Hazel Cemetery*

18. (a) Signature of funeral director *Smith, W. P. Inc*

(b) Address *Smith, W. P. Inc*

19. (a) *6-20-42* (b) *W. P. Smith*
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature *W. P. Smith* (M.D. or other) _____
Address *Council of Dunklin Co. Mo* Date signed *6-24-42*

#1

JUL 22 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.....

Licensed Embalmer No.....

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.

JUL 1 1942