

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24292

AUG 14 1942

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 541

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
222 1/2 W. COMMERCIAL ST. O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 33 YR. 6 MO. 4 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOE JULIAN BURGESS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GETTIE I. BURGESS 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Jan 15 1909  
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 4 hr. min.

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

10. Usual occupation Waiter

11. Industry or business Restaurant

12. Name Joe Burgess

13. Birthplace Unknown Ark. I  
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Lee Julian

15. Birthplace Greene Co. Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Gettie I. Burgess

(b) Address Springfield Mo.

17. (a) Funeral (b) Date thereof July 21-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Road Hill Cem.

18. (a) Signature of funeral director J. F. Freeman

(b) Address Springfield Mo.

19. (a) 7-20-42 (b) J. O. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 36  
(If outside city or town limits, write "RURAL")

(d) Street No. 222 1/2 W. Commercial  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th 1942  
year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-19 1942 to 7-19 1942  
that I last saw him alive on 7-19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration 4 da.

Due to Influenza 108

Due to \_\_\_\_\_

Other conditions Acute Stenosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy no

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. F. Freeman (M. D. or other)  
Address Springfield Mo. Date signed 7-20/42

AUG 18 1949

**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..... *Roy A. Kavin*  
Licensed Embalmer No. *763*  
P. O. Address *Springfield, 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.**

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