DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

Registration District No. 896

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4542

State File No. 25600

Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Webster

(b) City or town: Rural (Ozark 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 years, months or days)
In this community: Since Childhood

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Webster

(c) City or town: Rural (Ozark Township)
(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.

3. (a) PRINT FULL NAME: John Oscar Burford

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary L. Burford

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: April (Month) 26 (Day) 1871 (Year)

8. AGE: Years 71 | Months 0 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: Litchfield (City, town, or county) Ill (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: ____

FATHER
12. Name: H. L. Burford
13. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Arnold
15. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature: Mary L. Burford
(b) Address: Marshfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshfield, Mo.

18. (a) Signature of funeral director: McMahan Funeral Service
(b) Address: Marshfield, Mo.

19. (a) 7/9/42 (Date received by local registrar) (b) J. P. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from May 4, 1942 to May 8, 1942, that I last saw him alive on May 8, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 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)
(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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: Walter Smith (M. D. or other)
Address: Springfield, Mo. Date signed: May 16, 1942

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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RECEIVED
District Health Officer No. 6,
District File Number 842-1204
Date Filed AUG 12 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 A. J. McMahan

Licensed Embalmer No. 1779

P. O. Address MARSHFIELD, 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.