

S. No. 2
DM-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27916

Registration District No. 276

Primary Registration District No. 5445

Registrar's No.

81
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Central Dillon 207
(c) Name of hospital or institution: Madison Nursing Home
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months, or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route 2 - Rael (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert H. Burgess
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 15 year 1942 hour 7 minute _____ P. M.
21. I hereby certify that I attended the deceased from Aug 18 1942 to Aug 18 1942

4. Sex M 5. Color or race W 6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife Laura Jane Burgess 6. (c) Age of husband or wife if live years _____
7. Birth date of deceased May 8 1858 (Month) (Day) (Year)

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 3 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Nephritis Chronic
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Dillon Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming

11. Industry or business _____
12. Name Robert H. Burgess
13. Birthplace Dillon Mo (City, town, or county) (State or foreign country)
14. Maiden name Barbara McCord
15. Birthplace Dillon Mo (City, town, or county) (State or foreign country)

1316
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Perry Edleman
(b) Address Route 12 - Rael
17. (a) Burial (b) Date thereof 8-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Kemper Cem
18. (a) Signature of funeral director W. J. Fullerton
(b) Address Rael Mo
19. (a) 8-18-42 (b) Charles Dickson (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. J. Fullerton (M. D. or other) _____
Address Rael Mo Date signed Aug 20 42

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed D. L. Moore
Licensed Embalmer No. 3397
P. O. Address Rolla, 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.