

FILED OCT 19 1942

Registration District No. 175

Primary Registration District No. 4275

Registrar's No. 129

1. PLACE OF DEATH

(a) County Lawrence
(b) City or town Marionville Mo
(c) Name of hospital or institution Right of Way
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Springfield Mo. 6
(d) Street No. 1630 North Sherman
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Thomas Floyd Burgett

3. (b) If veteran, name war NONE 3. (c) Social Security No. 702-07-2101

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ESTHER D. BURGETT 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased April 27 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Phelps Co. Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Locomotive Engineer

11. Industry or business R.R. Engineer Frisco R.R. Co.

12. Name Mr. Isaac Burgett

13. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Edna Roderick

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

16. (a) Informant Esther H Burgett

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof Oct 11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem. Springfield Mo.

18. (a) Signature of funeral director J. W. Kingner H.O.
(b) Address Springfield Mo.

19. (a) Oct 9, 1942 (b) Clarence Greene
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____ to _____ 19____;

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 055

(b) Date of occurrence Oct. 9, 1942

(c) Where did injury occur? Marionville Lawrence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - Railroad

While at work? Yes (e) Means of injury scalding from steam

23. Signature Clarence Greene (M. D. or other)
Address Pine City Mo Date signed 10-9-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

55

P.

APR 23 1943

RECEIVED

District Health Officer No. 6,

District File Number 1042-1504

Date Filed OCT 16 1942

MAY 10 1943

APR 6 1943

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. Cairns

Licensed Embalmer No. 1763

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, above space should be left blank.