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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41384

Registration District No. 221 Primary Registration District No. 2793 Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(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 Moniteau 68 0

(c) City or town Jamestown Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country none

3. (a) PRINT FULL NAME John Frederic Burger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 24 (Day) 1942 (Year)

8. AGE: Years | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Jamestown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frederic Alec Burger
13. Birthplace Jamestown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Lucy Murphy
15. Birthplace Marion (City, town, or county) 0 (State or foreign country)

16. (a) Informant Frederic Alex Burger
(b) Address Jamestown Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 125 (Month) 14 (Day) 42 (Year)
(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Chas C Fullrich
(b) Address Jamestown Mo

19. (a) 12-14-42 (Date received local registrar) (b) Grace Gentzsch (Registrar's signature)

511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 11
year 1942 hour 4 minute 30 a.M.

21. I hereby certify that I attended the deceased from 12-9-42, 19, to 12-11-42, 19;
that I last saw him alive on 12-9-42, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 Days
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 B A Reynolds (M.D. or other) DO
Address Jamestown Mo Date signed 12/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41384

Registration District No. 221 Primary Registration District No. 5793 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 John Frederic Burger

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 24 (Day) 1842 (Year)

8. AGE: Years | Months 10 | Days | If less than one day or min.

9. Birthplace (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 3 days

Due to Uncomplicated 107

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy None Held

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? No (c) Means of injury

23. Signature Dr. B. Reynolds DD (M.D. or other)
Address Hamilton Mo. Date signed 1-2-43