

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9 1943
Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(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

3. (a) PRINT FULL NAME Ruth Burgess
(b) If veteran, name war XXXX
(c) Social Security No. XXXXXX

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXXX
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased Nov. 14th. 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 14 hr. min.

9. Birthplace Williamsport. Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name W. V. Holtzapple

13. Birthplace Williamsport. Pa. 1
(State or foreign country)

14. Maiden name E. Holtzapple

15. Birthplace Williamsport. Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. W. Thomas

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 30, 1943
(Burial, cremation, or reinterment) (Month) (Day) (Year)
McDaniel Cemetery, Cameron, Mo.

(c) Place of burial or cremation Cameron, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Cameron, Mo.

19. (a) Feb. 1, 1943 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State _____ (b) County Clinton 25
(c) City or town Cameron, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. East 40th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28
year 1943 hour 2 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 28 to Jan 28, 1943
that I last saw him alive on Jan 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Duration 3 hr

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)
830

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. G. Gillilan (M. D. or other)

Address 10 Emerson Date signed _____

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. 1180

P. O. Address Amurco, 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.