

FILED FEB 20 1943
Registration District No. 26

Primary Registration District No. 5947

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 2nd
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

(c) City or town St James Rural
(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 Joseph Burling

3. (b) If veteran yes name war _____

3. (c) Social Security No. no

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Ada Burling

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov 28 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 1 16 _____ hr. _____ min.

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

10. Usual occupation Feed Dealer

11. Industry or business Joseph

12. Name Joseph B Burling

13. Birthplace Ger. 4
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Gifford
(City, town, or county) (State or foreign country)

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Burling

(b) Address Bellview 310

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellview 310

18. (a) Signature of funeral director W. H. Kuchler

(b) Address St James Mo

19. (a) 1-20-43 (b) Charcelliskov
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 14 to Jan 14 1943
that I last saw him alive on Jan 14 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy none

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 C. H. Fulbright (M. D. or other) _____

Address St James Mo Date signed 1-14-43

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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 W E Lichler

Licensed Embalmer No. 1970

P. O. Address: St James 440

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.