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DM—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7078

FILED FEB 16 1943

Registration District No. 9 | Primary Registration District No. 5825 | Registrar's No. 4356

72 0 0

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Rural (mile east of Parma, Mo.) (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 — In this community: about 15 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid 72 0 0
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: One mile east of Parma, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3. (a) PRINT FULL NAME: Jimmie Burleson
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: Child
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: May (Month) 17 (Day) 1942 (Year)
8. AGE: Years 1 Months 8 Days 13 If less than one day hr. min.
9. Birthplace: Fulton (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: None (A child)
11. Industry or business: None
MOTHER FATHER
12. Name: Ruel Burleson
13. Birthplace: Bear Creek (City, town, or county) Ala. (State or foreign country)
14. Maiden name: Anne Howell
15. Birthplace: Bear Creek (City, town, or county) Ala. (State or foreign country)
16. (a) Informant: J. E. Burleson
(b) Address: RR#2, Malden Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Bernie, Mo.
18. (a) Signature of funeral director: Duncan Funeral Home
(b) Address: Bernie, Mo.
19. (a) Jan 31/43 (Date received by registrar) (b) Mrs. B. B. Radimaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 30 year: 1943 hour: 9 minute: 20 P.M.
21. I hereby certify that I attended the deceased from 1-29-43, 19..., to 1-30-, 1943, 19..., that I last saw him alive on 1-29-1943, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Anterior Poliomyelitis acute — Duration: 2 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 36
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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury: ✓
23. Signature: S. E. Matchell (M. D. or other)
Address: Malden Mo. Date signed: 1/31/43

1028 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-187
Date Filed 2-8-43

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 with the above constitutes grounds for revocation of license.)

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