

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 12 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11619

Do not use this space.

## 1. PLACE OF DEATH

(a) County Schuyler Registration District No. 325  
(b) Township Glennwood Primary Registration District No. 4477  
(c) City Glennwood (d) Street No. 1 St.             
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Burgher

(a) Residence, No.            St.             
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M & U 4. COLOR OR RACE 5 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0                       15 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.             
9. Industry or business in which work was done, as saw mill, bank, etc.             
10. Date deceased last worked at this occupation (month and year)            11. Total time (years) spent in this occupation           

12. BIRTHPLACE (CITY OR TOWN) Glennwood (STATE OR COUNTRY) Mo.

13. NAME Grover Burgher 14. BIRTHPLACE (CITY OR TOWN) Schuyler Co (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mabel Smith 16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

17. INFORMANT Grover Burgher (ADDRESS) Glennwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glennwood DATE Mar 6 1943

19. FUNERAL DIRECTOR (NAME) True Marshall (ADDRESS) Lancaster Mo.

20. FILED March 6 1943 A. G. Justice Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1943

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 1943, to Mar 6 1943

I last saw him alive on Mar 6 1943 Death is said to have occurred on the date stated above, at            m.

The principal cause of death and related causes of importance were as follows:

Premature (6 months)

Date of onset

Other contributory causes of importance: 159Name of operation            Date of           What test confirmed diagnosis?            Was there an autopsy?           

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?            Date of injury           , 19          Where did injury occur?           

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           Nature of injury           24. Was disease or injury in any way related to occupation of deceased?           If so, specify           (Signed) R. E. Vaughn, M. D.(Address) Lancaster, Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-43-702

Date Filed APR 10 1943

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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.....

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, above space should be left blank.