

FILED MAY 11 1943
Registration District No. 28

Primary Registration District No. 2006-5720

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
University Hospitals
(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: 14
(a) State Mo. (b) County Calloway
(c) City or town Mokane 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME James Harrison Burford
(b) If veteran, name war _____
3. (c) Social Security No. 702-12-7030

MEDICAL CERTIFICATION:
20. DATE OF DEATH: Month April day 26
year 1943 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from April 11, 1943, to April 26, 1943,
that I last saw him alive on April 26, 1943,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Theodora Moller Burford 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 17, 1866
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronic
Due to arteriosclerosis
Due to _____
Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
77 9 9 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

9. Birthplace Ottewille, Mo. U.S.A.
(City, town, or county) (State or foreign country)
10. Usual occupation Railroad engineer
11. Industry or business M.K.T. R.R.
MOTHER FATHER
12. Name Carrie Burford
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Turner
15. Birthplace not known 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Leo Romano
(b) Address 30 Kensington Ave. Joplin City, Mo.
17. (a) Burial (b) Date thereof April 28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director R. O. McInnis
(b) Address Columbia, Mo.
19. (a) 4-27-43 (b) Edna H. Barber
(Date received local registry) (Registrar's signature)

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 Edna H. Barber (M. D. or other)
Address Columbia Date signed 4/27/43

DEC 19 1948

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

R. Wilson

Licensed Embalmer No.

31831

P. O. Address

Columbia, 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.