

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILE JUN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17592

State File No.

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
(Specify whether
In this community XXX years, months or days)

3. (a) PRINT FULL NAME Charles William Burns

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jessie Mae 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. 14, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 11 hr. min.

9. Birthplace Monetor County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXX

12. Name Adam A. Burns

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

14. Maiden name Elizabeth Skinner
(City, town, or county) (State or foreign country)

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Jones
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 4-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pankey Cemetery

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 6-1-43 (b) Mrs. Ethel Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar
(c) City or town Stockton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 11 minute M.

21. I hereby certify that I attended the deceased from 4-17, 1943 to 4-20, 1943; that I last saw him alive on 4-20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death B-pneumonia Duration 1 wk

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature Wm B. Riddle (M.D. or other) Stockton
Address Stockton Date signed 6-3-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-43-468

Date Filed 6-7-43

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3335

P. O. Address Stoughton

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.