WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 JUN 8 1943

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

17616
Do not use this space.

1. PLACE OF DEATH
(a) County Clark — Registration District No. 70
(b) Township Grant — Primary Registration District No. 5277 — Registered No. 41
(c) or City rural — (d) Street No. ..... 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 Webster Owen Burrier
(a) Residence, No. 1 Clark County, Missouri. St. ☐ 0
(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: Male
4. COLOR OR RACE: 0 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Burrier (deceased)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 12, 1866
7. AGE: YEARS 76 — MONTHS 6 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Own farm
10. Date deceased last worked at this occupation (month and year): May 8, 1943
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chambersburg, Missouri. 0

FATHER
13. NAME: John M. Burrier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Muskingum County Ohio. 1

MOTHER
15. MAIDEN NAME: Mary Jane Slaughter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lee County, Iowa. 1

17. INFORMANT (ADDRESS): Nora B Burrier, Farmington, Iowa.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Acasto, Mo. DATE: May 13, 1943.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H C Page, Farmington, Iowa.
20. FILED 5-13-1943 Perry S. Boston, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9th, 1943. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 1941, to May 9, 1943
I last saw him alive on May 5, 1943. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart trouble	
92d	

Other contributory causes of importance:

High blood pressure

Name 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) W H Mott, M. D.
(Address) Farmington, Iowa

1073 (Licensed Embalmer's Statement on Reverse Side)

50M-9-19-38 I X16605

RECEIVED
District Health Officer No. 10
District File Number 43-984
Date Filed JUN 7 1943

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 H C Page

Licensed Embalmer No. 1368

P. O. Address Farmington, Iowa.

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.