S. No. 2
M—2-43
5-17-39

FILED MAY 18 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18327

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County MCDonald

(b) City or town Lanagan MO. Pineville Tp

(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 (Specify whether

In this community Ten Years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDonald

(c) City or town Lanagan

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

60 0 0

3. (a) PRINT FULL NAME David Burwell

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 Married

6. (b) Name of husband or wife Mildred Burwell

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December (Month) 5th. (Day) 1891 (Year)

8. AGE: Years 51 Months 4 Days 173 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name David Burwell
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Nancy Bently
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mildred Burwell

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Lanagan MO. (Month) 4-24-1943

(c) Place: burial or cremation Lanagan MO.

18. (a) Signature of funeral director Chas W. Williams

(b) Address Goodman Mo

19. (a) 4-26-1943 (Date received local registrar) (b) Ina Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from April 21, 1943, to April 21, 1943; that I last saw him alive on April 21-1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 61

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. W. Brissel (M. D. or other) OD

Address Lanagan, Mo Date signed 4/23/43

12 W

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 543-610
Date Filed MAY 14 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.....

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.