

S. No. 2
DM-542
V. 5-173
P. 1 X-237

20792

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 10 1943

Registration District No. 34

Primary Registration District No. 4045

Registrar's No. 35

1. PLACE OF DEATH:

(a) County... Boone

(b) City or town... Ashland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
x x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... x x (Specify whether
In this community... Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Boone 10

(c) City or town... Ashland 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cedar T S 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country... x 0

3. (a) PRINT FULL NAME Curtis Andrew Burnham

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

4. Sex... male 0 5. Color or race... White

6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... Mirtie Burnham 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... Nov 13 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 7 6 hr. min.

9. Birthplace... Boone Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

11. Industry or business... Retired

12. Name... Erastus Burnham

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

14. Maiden name... Louisa Forbis

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

16. (a) Informant... A M Burnham

(b) Address... Jefferson City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... June 21 43
(Month) (Day) (Year)

(c) Place: burial or cremation... Liberty Cem

18. (a) Signature of funeral director... R. Quiret

(b) Address... Columbia

19. (a) July 6, 1943 (Date received local registrar) (b) Mrs. Alice Estes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year... 1943 hour... 12:30 minute... P. M.

21. I hereby certify that I attended the deceased from June 19 43 to June 19 43 that I last saw him alive on June 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death... cardiac insufficiency

Due to
Due to

Other conditions... 920
(Include pregnancy, within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature... H. B. Taylor (M. D. or other) Address... Ashland Mo Date signed... 6-20-43

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

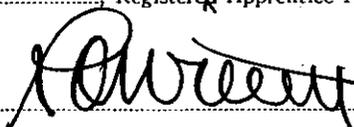
MOTHER FATHER

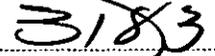
1244

(Licensed Embalmer's Statement on Reverse Side)

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.