

No. 2
1-4-41
5-4-39
1 X28396

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21315

State File No. _____

JUN 28 1943

Registration District No. _____

Primary Registration District No. 0

Registrar's No. 4521

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas³⁴

(c) City or town Ava Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Dean Burgin

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-1-43, 19____ to 6-2, 1943
that I last saw him alive on June 2, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wht

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: Sept 27 1937
(Month) (Day) (Year)

Immediate cause of death

Due to Acute Encephalitis following Extensive erythema contagiosum infection 3 days
3 wk

Other conditions (Include pregnancy within 3 months of death)

Major findings: g o f

Of operations _____

Of autopsy _____

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

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

10. Usual occupation Child

MOTHER FATHER

11. Industry or business _____

12. Name Everett Sidney Burgin

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

14. Maiden name Opal Mae Burris

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

16. (a) Informant Mr. E. B. Burgin

(b) Address Ava Mo

17. (a) Removal (b) Date thereof 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava Mo

18. (a) Signature of funeral director Climbinger Funeral Home
(b) Address Ava Mo

19. (a) 6-2-43 (b) S. W. Handley
(Date received local registrar) (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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature Cliff Buseck (M. D. or other) _____
Address 200 E. Pershing Date signed 6-3-43

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

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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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Quincy, 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.

X