

Registration District No. **274**

Primary Registration District No. **3052**

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4

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

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sebaldia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1223 South Stewart St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one year** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sebaldia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1223 Stewart St** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **James S Burgmaster**
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **31** year **1943** hour **2** minute **0** P.M.
21. I hereby certify that I attended the deceased from **7**, 19**42** to **5-31**, 19**43**, and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Cora** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Mar 4 1864** (Month) (Day) (Year)

Immediate cause of death **Chronic coma**
Due to **Chronic nephritis**
Due to _____

8. AGE: Years **79** Months **1** Days **27** If less than one day hr. _____ min. _____
9. Birthplace **St Charles County MO** (City, town, or county) (State or foreign country)

Other conditions **Hypertension, Arteriosclerosis** (Include pregnancy within 3 months of death)
Major findings: Of operations **1316**
Of autopsy _____

10. Usual occupation **Retired farmer**
11. Industry or business _____
12. Name **John Burgmaster**
13. Birthplace **Do not know** (City, town, or county) (State or foreign country)
14. Maiden name **Elsie Green**
15. Birthplace **St Charles Co MO** (City, town, or county) (State or foreign country)

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 **J. M. Rodeman** (M. D. or other) **MO**
Address **Sebaldia, Mo.** Date signed **6-1-43**

16. (a) Informant **Mrs Cora Burgmaster**
(b) Address **Smithton MO**
17. (a) **Burial** (b) Date thereof **6-2-43** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Smithton Que**
18. (a) Signature of funeral director **Ch. W. Meyer**
(b) Address **Smithton MO**
19. (a) **6-2-43** (b) **Mrs Anna Berger** (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-2-43

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

D. F. Neuniger

Licensed Embalmer No.

3912

P. O. Address

Smithton Md

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.