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5-42
5-17-39
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FILED JUL 9 1943 296

Registration District No. 296

Primary Registration District No. 4444

Registrar's No.

1. PLACE OF DEATH: **Ray**

(a) County.....

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

(c) Name of hospital or institution: **None**
/

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
43 yrs. (Specify whether)

In this community **none**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray 89**

(c) City or town **Camden Mo.**
Rural (If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **William W. Burgess**

3. (b) If veteran, **none** name war. 3. (c) Social **none** No.

4. Sex **Male 0** 5. Color of **White** race. 6. (a) Single, **married** divorced.

6. (b) Name of husband or wife **Anna Sims Burgess** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Aug. 28 th. 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	9	3	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **William Jasper Burgess**

12. Name **Ver.**

13. Birthplace **Elyada Dorris**
(City, town, or county) (State or foreign country)

14. Maiden name **Ver.**

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

16. (a) Informant **Walter Burgess**

(b) Address **Camden Mo.**

17. (a) (Burial, cremation, or removal) **Richmond Mo.** (b) Date thereof (Month) (Day) (Year)

(c)* Place: burial or cremation **Richmond Mo.**

18. (a) Signature of funeral director **JOB Brothers**
Richmond Mo. (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26** year **1943** hour **19:43** minute **19:43** M.

21. I hereby certify that I attended the deceased from **May 26, 1943 to May 31, 1943**
that I last saw him alive on **May 31, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Empyema**
Influenza

Due to **Influenza**

Due to **Influenza**

Other conditions **Invaldism**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **330**
Of autopsy

Duration

6 da

1 week

8 yrs

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) (c) Means of injury

23. Signature **JW Gaines** (M. D. or other) **M.D.**

Address **Richmond, Mo** Date signed **6-1-43**

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

8900

1228

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-8-43

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

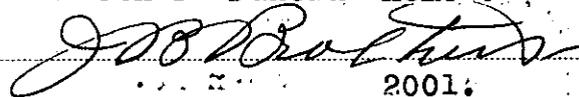
J.B. Brothers

Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed



Licensed Embalmer No.

2001

P. O. Address

Richmond 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 296

Primary Registration District No. 4444

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Camden
(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 43 yrs (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town 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 William F Burgess
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death Emphysema

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

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? _____

7. Birth date of deceased Aug 28 - 1878
(Month) (Day) (Year)
8. AGE: Years 64 Months 9 Days _____ If less than one day _____ min.

Due to Influenza 1 wk
Due to _____

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

Other conditions Invaldism 8 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name William Jasper Burgess

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

14. Maiden name Elvada Lewis

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

16. (a) Informant Wayne Burgess
(b) Address Camden, MO

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, MO

18. (a) Signature of funeral director J. B. Brothman
(b) Address Richmond, MO

19. (a) Aug 10/43 (Date received local registrar) (b) Doc J. T. Jensen (Registrar's signature)

23. Signature H. M. James (M. D. or other) MO
Address Richmond, MO Date signed 8/10/43

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

SUPPLEMENTARY

Duration 1 da
1 wk
8 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

S-22241