

S. No. 2
DOM-2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28447

State File No. _____

ED SEP 13 1945

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 473

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 1911 Bird
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 Bird (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joel J. Burbridge

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Jeanette 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 12 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 9 hr. min.

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

10. Usual occupation Attorney at Law

11. Industry or business _____

12. Name Andrew Jackson Burbridge
13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Matson
15. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Jeanette Burbridge
(b) Address 1911 Bird

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 8-25-43 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-16-43
to 8-21-1943
that I last saw him alive on 8-16-1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-vascular-Renal Disease
Duration
Due to _____
Due to _____
Other conditions None.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None.
Of operations: None.
Of autopsy: None.

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) Manner of injury _____
23. Signature [Signature] (M. D. or other) MD
Address [Signature] Date signed 8/24/43

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

MOTHER FATHER

new, 11

669

1204

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... *F. M. Jones*

Licensed Embalmer No... *2319*

P. O. Address... *Joplin, 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.