

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29446

State File No.

Registrar's No. 162

Primary Registration District No. 372

FILED SEP 13 1943

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

17
1
2

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
473 W arrow 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 4 yr (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline

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

(d) Street No. 473 W arrow
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRY COOLIDGE BURNSIDE

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased Nov - 8 - 1920
(Month) (Day) (Year)

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

17 9 5 hr. min.

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

10. Usual occupation Shoe Factory Employee

11. Industry or business.....

12. Name Alonzo Francis Burnside

13. Birthplace Saline Co (City, town, or county) mo (State or foreign country)

14. Maiden name Viola Ada Elson

15. Birthplace Carroll Co (City, town, or county) mo (State or foreign country)

16. (a) Informant Mrs Viola A Burnside

(b) Address Marshall mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof aug - 15 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem Marshall mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall mo

19. (a) 8/12/43 (Date received local registrar) (b) MOT. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1942
19... to Aug 13 1943
that I last saw him alive on Aug 13 1943
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Myocardial

Due to.....

Due to Acute Hepatitis

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

PHYSICIAN

Major findings:
Of operations..... 93e1

Of autopsy.....

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?
..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature John R Lawrence (M. D. or other)
Address Marshall mo Date signed aug 11

MOTHER FATHER

1211

43

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-43

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.....

Harry Hershberger, Registered Apprentice No. 334
working under my personal supervision

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Ma

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.