

FILED OCT 9 1943

Registration District No. _____

Primary Registration District No. 3015

Registrar's No. 61

1. PLACE OF DEATH:

(a) County. Clinton

(b) City or town. Cameron

(c) Name of hospital or institution:
North Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. No.
(Specify whether)

In this community. 68 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clinton

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

(d) Street No. North Main St.
(If rural, give location)

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

If yes, name country. _____

3. (a) PRINT FULL NAME. Charlotte Rebecca Burdge

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex. Female

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. No record 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>			<u>hr.</u> <u>min.</u>

9. Birthplace. L11.
(City, town, or county) (State or foreign country)

10. Usual occupation. At home

11. Industry or business. _____

MOTHER FATHER {

12. Name. Henry Burdge

13. Birthplace. No record 9
(City, town, or county) (State or foreign country)

14. Maiden name. No record.

15. Birthplace. No record. 9
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Ada B Corn

(b) Address. Cameron, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof. 9-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation. Evergreen Cemetery

18. (a) Signature of funeral director. Poland Funeral Home

(b) Address. Cameron Mo.

19. (a) Sept. 14, 1943
(Date received local registrar)

(b) Mrs. Kathleen Harris
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year. 1943 hour. 11.55 P. minute. _____ M.

21. I hereby certify that I attended the deceased from Sept 10 1943 to Sept 13 1943
that I last saw him alive on Sept 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy

Due to. _____

Due to. _____

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

PHYSICIAN

Major findings:
Of operations. _____

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? _____

While at work? _____ (Specify type of place)

(c) Nature of injury _____

23. Signature. [Signature] (M. D. or other) 9/14/43

Address. Cameron Mo. Date signed. _____

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

1086

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

Herald I. Wade

Licensed Embalmer No.

4172

P. O. Address

Cameron, 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.