

FILED NOV 5 1943 207

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35196

State File No. _____

Primary Registration District No. 4318

Registrar's No. 179

1. PLACE OF DEATH: Maries
(a) County _____
(b) City or town _____ Vienna
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Isaac Henry Burns

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 0 male
5. Color or race white

6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife
Maud Mills Burns

6. (c) Age of husband or wife if
alive 72 years

7. Birth date of deceased August
(Month) (Day) (Year)

8 1861
(Day) (Year)

8. AGE: Years Months Days
82 1 29
If less than one day
hr. min.

9. Birthplace Van Cleve, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Circuit Clerk

11. Industry or business _____

12. Name Henry Burns

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

14. Maiden name Malinda Tart
(City, town, or county) (State or foreign country)

15. Birthplace Maries County, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Burns,

(b) Address Vienna, Mo.

17. (a) burial (b) Date thereof 10-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna

18. (a) Signature of funeral director M.C. Cunningham

(b) Address Vienna

19. (a) 10/12/43 (b) Emma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries 063
(c) City or town Vienna 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from
25 Sept 43 to 4 Oct 43
that I last saw him alive on October 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Myeloid Leukemia
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 time of place)

(e) Means of injury _____

23. Signature J.C. Howard (M. D. or other)

Address Vienna, Mo. Date signed 10/9/43

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.