

FILED JAN 14 1944  
Registration District No. **245-7**

Primary Registration District No. **5589**

Registrar's No. **240**

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sarcoxis, R.F.D. 1 Union Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 6 months (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sarcoxis Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. #1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Jerry W. Burris

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 single  
6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 29 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
----- 5 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sarcoxis, R.F.D. No 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

12. Name Wayne W. Burris  
13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Neva Rayenell Giger  
15. Birthplace Sarcoxis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wayne W. Burris  
(b) Address Sarcoxis Missouri  
17. (a) Burial Sarcoxis Cemetery  
(Burial, cremation, or removal) (b) Date thereof 12/28/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Roland C. Engelage  
(b) Address Sarcoxis, Missouri  
19. (a) Dec 28 '43 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 25  
1943 Year \_\_\_\_\_ hour 5:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Dec 25, 1943, to Dec 25, 1943  
that I last saw him alive on Dec. 25, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 8 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature E. Rolans (M. D. or other) nearby mo  
Address \_\_\_\_\_ Date signed 12.27.43

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

43-12-1049

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Roland Engelke*

Licensed Embalmer No *Funeral Director*

P. O. Address *Sarcophic 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. *Jon*  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County *Jasper*  
(b) City or town *Rural*  
(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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME *Jerry W. Burris*

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 *3*

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

7. Birth date of deceased *June 29 1943*  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day, \_\_\_\_\_ min.)

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

FATHER  
MOTHER

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

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

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* Year *1943* Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

*Bronchial Pneumonia*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions *none*  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature *Dr. Roems* (M. D. operator)

Address *Granby Mo* Date signed *1-16-44*

SUPPLEMENTARY

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

S-42606