

S. No. 2
OM-2-43
v. 5-17-39
-1 X35697

7026

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 18

FILED MAR 11 1944
Registration District No. _____

Primary Registration District No. 5364

31
0
0

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

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution:
5 Miles N. W. Gallatin, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community About 1 Year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Liberty Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles N. W. Gallatin, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aaron Burns

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Nellie Draper

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

7. Birth date of deceased May 23 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Henry Clay Burns

13. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lettie Huntington

15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. B. Kirkendall
(b) Address 524 N. Main, Cameron, Missouri

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

(c) Place: burial or cremation Coffey Missouri

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) 2-18-1944 (b) J. O. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1944 hour about 7:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on Feb 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions 8301
(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 2

23. Signature J. B. Bailey Cameron, Mo.
Address Jamestown, Mo. Date signed 2-18-44

1084

(Licensed Embalmer's Statement on Reverse Side)

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 *L. A. Richerson*
.....
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.