

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7814**

Registration District No. **235**

Primary Registration District No. **4350**

Registrar's No. **3**

1. PLACE OF DEATH:
 (a) County **Morgan**
 (b) City or town **Syracuse**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Morgan**
 (c) City or town **Syracuse**
(If outside city or town limits, write "RURAL")
 (d) Street No. **No street numbers**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **Native**

3. (a) PRINT FULL NAME: EDWARD HAMILTON BURFORD
 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 **Married**
 6. (b) Name of husband or wife **Cora Bell Burford** 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **March, 12th, 1853**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	11	12	hr. min.

9. Birthplace **Charleston Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Anderson Burford**
 13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Mc Coy**
 15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. H. Allison**

(b) Address **Syracuse, Missouri**

17. (a) **Burial** (b) Date thereof **2/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Syracuse Cemetery, Syracuse, Mo**

18. (a) Signature of funeral director **James E. Richards**

(b) Address **Tipton, Mo**

19. (a) **Feb-29-44** (b) **Opal Boulware**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25th**
 year **1944** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **2-10-44**
 19. to **2-24-44**
 that I last saw him alive on **2-24-44** 19. and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
 Due to **arteriosclerosis**

Due to **Smoking**
 Other conditions **9327**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

Duration
 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) (d) Means of injury **2**
 23. Signature **C. H. Labe** (M. D. or other)
 Address **Tipton, Mo** Date signed

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

71
0
0

1348

(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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Jessie E. Richards

Licensed Embalmer No. 2466

P.O. Address Tipton, 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.