

FILED MAY 8 1944

Registration District No. 280

Primary Registration District No. 5961

Registrar's No. 6

1. PLACE OF DEATH: Platte
 (a) County Platte
 (b) City or town Farley *see 2 up*
 (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 None
 In this community 70 *years* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Platte 8
 (c) City or town Farley Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Burns
 3. (b) If veteran, name war no
 3. (c) Social Security No. 720

4. Sex Male 5. Color or race W.
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 19 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 23 hr. _____ min.

9. Birthplace not known - Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation general laborer

11. Industry or business Farming

12. Name James Burns

13. Birthplace don't know
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Budge

15. Birthplace don't know Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Farley
 (b) Address Farley Mo.

17. (a) Burial (b) Date thereof April 16 - 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farley Mo.
 18. (a) Signature of funeral director L. H. Francis
 (b) Address Payroll Mo.
 19. (a) 4-16-44 (b) Mrs. Clay Riffe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 12
 year 1944 hour 19 minute 30 P. M.
 21. I hereby certify that I attended the deceased from April 16
 1944 to April 16 1944
 that I last saw him alive about April 16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Arteriosclerosis
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____
 Of autopsy Body viewed

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (b) Date of occurrence None
 (c) Where did injury occur? None
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? None (Specify type of place)
 (e) Means of injury None
 23. Signature D. H. Hoover (M. D. or other) Coroner
 Address Dearborn Mo. Date signed 4/16/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

J
1944³ 15 42
4² 12
1865-7-19
78-8-23

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 L. J. Francis

Licensed Embalmer No. 2451

P. O. Address Peabody, Me.

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.