

FILED JUN 9 1944

Registration District No. **17**

Primary Registration District No. **537X**

Registrar's No. **205**

1. PLACE OF DEATH:

(a) County **DeKalb**
(b) City or town **Osborn Rural Colfax**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **DeKalb**
(c) City or town **Osborn Rural**
(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 _____

3. (a) PRINT FULL NAME **BURTIS, Edwin, LEWIS**

3. (b) If veteran, name war **-** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Sept 3 1889**
(Month) (Day) (Year)

8. AGE: Years **54** Months **7** Days **18** If less than one day hr. _____ min. _____

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

10. Usual occupation **Labor, Farm work**

11. Industry or business _____

12. Name **J. C. Lewis**

13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Justice**

15. Birthplace **N.C.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nelson Thompson**
(b) Address **Osborn Mo.**

17. (a) _____ (b) Date thereof **Apr 24 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridgely Cemetery**

18. (a) Signature of funeral director **St. Louis**

(b) Address **Sturgisville Mo.**

19. (a) **Apr 24 1944** (b) **John Cross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21** year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **April 20**, 1944 to **April 21**, 1944 that I last saw him alive on **April 20**, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

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 type of place) (e) Means of injury _____

23. Signature **M. S. Gale** (M. D. or other) _____
Address **Osborn Mo.** Date signed **4/22/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

1578

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..... *J. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address *Sturtevantville 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.