

FILED JUN 24 1944

Registration District No. _____

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town RICH HTS Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 HRS
(Specify whether years, months or days) 51 HRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON
(c) City or town WARRIENSBUR Mo MS 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 601 So HOLDEN ST 2
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME HUBERT GWINN BURLINGAME

3. (b) If veteran, name was SPANISH AMERICAN 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CORA E BURLINGAME 6. (c) Age of husband or wife if alive 64 1/2 years

7. Birth date of deceased JULY 30 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 15 If less than one day 15 hr. 45 min.

9. Birthplace California Miller Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER
Industry or business _____

11. Name ASA-BURLINGAME

12. Birthplace UNKNOWN Unknown 9
(City, town, or county) (State or foreign country)

13. Maiden name ELIZABETH ELLIOT

14. Birthplace UNKNOWN Unknown 1
(City, town, or county) (State or foreign country)

(b) Informant Verdell Burlingame
(b) Address 6330 Soudersland Ave

17. (a) BURIAL (b) Date thereof 6-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DE FOE CEMETERY
Water Boonville California

18. (a) Signature of funeral director Water Boonville
(b) Address 6036 Clayton Rd
19. (a) JUN 19 1944 (b) E. W. Dawson, Jr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1944 hour 3:45 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 14
June 14 1944 to June 16 1944
that I last saw him alive on June 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis - ulcers - glandular & pneumonia
Duration 2 weeks

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death) 26a

Major findings: Of operations none

Of autopsy Congestion & consol. bil bases of lungs; ulcer of thimbl, supp. lymph glands in rt. axilla

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) no

(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? no

23. Signature Henry P. Pappenhimer, M.D.
Address 3720 Washington Ave (B) Date signed June 18 1944

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

AUG 16 1944

JAN 23 1953

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..... *W Wilkins*

Licensed Embalmer No..... *3575*

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Miller } ss.

State File No. 22425
Local Registrar's No. 1316

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of Sept, 1944, before me appears Cora Emma Burlingame, who, upon her oath, states that the original record of birth for Hubert Edwin Burlingame, died June 16, 1944, in the State of Missouri, and which was filed at _____ on _____, 1944, should be corrected as follows:

Item No. 6c should read Olean Mo

Instead of _____

Item No. 7 should read Miller County Mo.

Instead of _____

Item No. 8 should read July 30 1870

Instead of _____

Item No. 9 should read aged wife 65 years.

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Cora Emma Burlingame,
Relationship wife
1900 So Summit St. Sedalia Mo.
Present Address.

Subscribed and sworn to before me this 21 day of Sept, 1944

My Commission expires Sept 7-47
Clarence Carter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 27 1944

SEP 28 1944