

FILED AUG 9 1944

Registration District No. **3019**

Primary Registration District No. **3019**

Registrar's No. **94**

1. PLACE OF DEATH:

(a) County **Dunklin**
(b) City or town **Kennett Mo.**
(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 **1**
In this community **1**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**
(c) City or town **Kennett Mo.**
(d) Street No. **25**
(If rural, give location) **2**
(e) Citizen of foreign country? **No**
If yes, name country **10**

3. (a) PRINT FULL NAME **Wendell Burdin**

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

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 15 1943**
(Month) (Day) (Year)

8. AGE: Years **1** Months **18** Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Ira Burdin**
13. Birthplace **Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Opal Isodemeith**
15. Birthplace **Ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ira Burdin**
(b) Address **Kennett Mo.**

17. (a) **Burial** (b) Date thereof **7-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marsh Creek**

18. (a) Signature of funeral director **Lynch and Co**
(b) Address **Kennett Mo.**

19. (a) **7-5-44** (b) **Julia Blum**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **3**
year **1944** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 20**
1944 to **July 3rd** 19**44**
that I last saw him alive on **July 3rd** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **The Calitis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **1190**

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) Method of injury **md**
23. Signature **Wendell Burdin** (M. D. or other) **MD**
Address **Kennett Mo** Date signed **7/4/44**

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

35
22

5

RECEIVED

District Health Office No. 2,

District File Number 844-1054

Date Filed 8-4-44

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.....

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.