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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 25 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34656

State File No. \_\_\_\_\_  
Registrar's No. 379

Registration District No. 184 Primary Registration District No. 3038

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Brookfield  
(c) Name of hospital or institution: McLainey Hospit.  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Linn  
(c) City or town Linn news  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Salomon Wesley Burdridge  
3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 1 year 44 hour 1 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 9/26 1944 to 10/1 1944  
that I last saw him alive on 10/1 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Veaa Burdridge 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased 3 (Month) 9 (Day) 1891 (Year)

Immediate cause of death Acute Myocarditis Duration 6 hrs.  
Due to Streptococcus + Endocarditis  
Angina infarction of Sub  
Due to lingual gland abscess 2 1/2  
septic adenitis  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 53 Months 6 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Carra (City, town, or county) Mo (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations 115  
Of autopsy \_\_\_\_\_

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Thos P Burdridge  
13. Birthplace Sullivan Co Mo  
14. Maiden name Annie E Lang  
15. Birthplace Brewing  
16. (a) Informant Veaa Burdridge  
(b) Address Linn news Mo  
17. (a) Funeral (b) Date thereof 10-4-44  
(c) Place: burial or cremation Funeral Home  
18. (a) Signature of funeral director Richard Funeral Ser.  
(b) Address Wiley Mo  
19. (a) 10-8-1944 (b) W H Cannon

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? 0  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0  
While at work? 0 (Specify type of place) (e) Means of injury 0  
23. Signature James McManis (M. D. or other) 0  
Address Brookfield Mo Date signed 10/1/44

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

MOTHER FATHER

NOV 28 1944

NOV 16 1944

NOV 24 1944

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**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..... *Dwight Schaefer* .....

Licensed Embalmer No. *2667* .....

P. O. Address. *Milan 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.**