

FILED MAR 12 1945  
Registration District No. **357**

Primary Registration District No. **4499**

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community One Year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina 1027  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Emmett Baxter Bourne

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 Married  
6. (b) Name of husband or wife Nelle Bourne 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased November 17th 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Farming

MOTHER FATHER

12. Name John J Bourne 9  
13. Birthplace Not Known (State or foreign country) 9  
14. Maiden name Fanny Dingle  
15. Birthplace Not Known (State or foreign country) 9

16. (a) Informant Mrs C.L. Bird  
(b) Address Lentner, Mo

17. (a) Burial (b) Date thereof 2/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation #### Shelbina Mo

18. (a) Signature of funeral director: Million & Barkelew

(b) Address Shelbina Mo

19. (a) March 24 1945 (b) Madge Good  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th  
year 1945 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 23  
1945 to Feb 13 1945  
that I last saw him alive on Feb 13 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration \_\_\_\_\_  
+ Empyema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. O. Finney M. D. or other \_\_\_\_\_

Address Shelbina Mo. Date signed 2/24/45

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

MAR 27 1945

RECEIVED

District Health Officer No. 10

District File Number <sup>3-457459</sup> MAR 8 1945

Date Filed \_\_\_\_\_

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 Henry A. Barkelee  
Licensed Embalmer No. 3835  
P. O. Address Shelburne, Vt.

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.