

JUL 2 1945

Registration District No.

Primary Registration District No. **4042**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Bollinger**
(b) City or town **Hutesville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution (Specify whether)
In this community **50 years**
years, months or days)

3. (a) PRINT FULL NAME **Ben J. Man Wyatt Burford**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Pearl WARKER** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **October 21, 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 12 hr. min.

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

10. Usual occupation **Blacksmith**

11. Industry or business

12. Name **W. S. Burford**
13. Birthplace **Cape Girardeau Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Maggie Ellis**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lois Burford**
(b) Address **Hutesville Mo.**
17. (a) **Burford** (b) Date thereof **June 14, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson Mo.**
18. (a) Signature of funeral director **Robert C. Drum**
(b) Address **Burford Mo.**

19. (a) **6/14/45** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger**
(c) City or town **Hutesville**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12th**
year **1945** hour **10:00** minute **0** A.M.

21. I hereby certify that I attended the deceased from **January**
1940 to **June** **1945**
that I last saw him alive on **June 4** **1945**
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

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) Means of injury **2**

23. Signature **John G. Myers** (Physician)
Address **Burford Mo.** Date signed **6-14-45**

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

RECEIVED

District Health Officer No. 4
District File Number 245-783
Date Filed 2-6-45

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. 2828

P. O. Address Indian 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.