S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24460

State File No.

FILED AUG 9 1945

Registration District No. 207 Primary Registration District No. 5758 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Rural : Miller Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries 63
(c) City or town Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. Miller Twp. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Bure
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta Bure
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 1 (Month) 3 (Day) 1858 (Year)

8. AGE: Years 87 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name John Bure
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Mary Flore
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Charley Bure
(b) Address Brinktown
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Brinktown
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 8/4/45 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1945 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 25, 1945, to , 19
that I last saw him alive on July 25, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: hemiplegia	
Due to: vascular hypertension	
Due to: vascular sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 832	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Ashley Yates (M. D. or other) DO
Address Dixon, Mo Date signed

1076 (Licensed Embalmer's Statement on Reverse Side).

RECEIVED
District Health Officer No. 9,
District File Number..................
Date Filed 8-8-45

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..................

July - 26/45 .... Registered Apprentice No..................,

working under my personal supervision.

Signed Fred H. Gillens

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.