

S. No. 2  
DM-8-43  
v. 5-17-39  
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28717

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 78

FILED SEP 6 1945

Registration District No. 288 Primary Registration District No. 405-106173

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Osgood Mo. Rural Ransom  
(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 -  
In this community life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Sullivan 10.5  
(c) City or town Osgood Mo. Rural 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME GLEN EDWARD BURRESS  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 31.  
year 1945 hour 10 minute 10 P. M.  
21. I hereby certify that I attended the deceased from 8-15-1945 to 8-31-1945  
that I last saw him alive on 8-31-1945  
and that death occurred on the date and hour stated above.

4. Sex M. O. 5. Color or race W.  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Sept 16 1921  
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolism  
Due to Osteomyelitis left tibia  
T.B. 1034  
Duration 1 day.

8. AGE: Years 23 Months 11 Days 15  
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Local Laborer

12. Name James Burress

13. Birthplace Sullivan Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ethel Meeker

15. Birthplace Humphreys Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Millie Humphreys

(b) Address Osgood Mo. Rural

17. (a) Burial (b) Date thereof 9-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campground Cem.

18. (a) Signature of funeral director P. Dayson

(b) Address Salt Mo

19. (a) Sept. 4 1945 (Date received local registrar)  
Greta Caldwell (Registrar's signature)

Other conditions -  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -

Of autopsy -  
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

23. Signature J. C. Weston (M. D. or other)

Address Salt, Mo. Date signed 9-1-45

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

05  
0  
0

1380

(Licensed Embalmer's Statement on Reverse Side)

OCT 34 1945

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.