. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

FILED JAN 8 1946

State File No. 40528

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1329

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 420 So 8th (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Burnam

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 Widowed

6. (b) Name of husband or wife hyda

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug (Month) 10 (Day) 1861 (Year)

8. AGE: Years 84 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name John Burnam
13. Birthplace Un Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Un Known
15. Birthplace Un Known (City, town, or county) (State or foreign country)

16. (a) Informant H. L. Burnam

(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) Dec 17-1945 (Date received local registrar) (b) H. J. Kestlebush (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1945, to Dec 10, 1945; that I last saw him alive on Dec 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio-Sclerosis

Due to Senility, starvation

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

Major findings:
Of operations
Of autopsy

Duration

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 Maxwell Day (M. D. ~~or other~~)

Address 218 N 7th ST. JOSEPH Date signed 12-10-45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.