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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14100

Registration District No. 279 Primary Registration District No. 4416 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Clarksville
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Clarksville 0
(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 Crosby Burr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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 Oct (Month) 2 (Day) 1897 (Year)

8. AGE: Years 48 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Evan Burr
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Johnson
15. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Margie Burr
(b) Address Clarksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 7 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Buckskin Cemetary

18. (a) Signature of funeral director C. A. Brown & Son
(b) Address Clarksville Mo

19. (a) 5-6-46 (Date received local registrar) (b) Lester Richard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 1946 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 5th, 1946 to April 5, 1946 that I last saw him alive on April 3rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic vulv. heart disease and Chronic nephritis — Duration unknown unknown

Due to not known

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. M. Bartlett (M. D. or other)

Address Clarksville Mo Date signed 4/5/46

256 (Licensed Embalmer's Statement on Reverse Side)

AUG 1 1946

NOV 13 1946

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. ~~[illegible]~~, working under my personal supervision.

Signed I H Brown

Licensed Embalmer No. 2648

P. O. Address Clarksville 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.

S. No. 2B
—3-45
I X43880

WRITE PLAIN BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 279 Primary Registration District No. 4415 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Clarksville
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Crosby Burr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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 Oct 2 1898
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 5 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

AUG 1 1946

NOV 13 1946

14100