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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

17076

FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 160 Primary Registration District No. 3-0-2-5 59 2 Registrar's No. 38

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Festus Mo. R. 2
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson ⁵⁰
 (c) City or town Festus Rural ⁰
(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 George Louis Burrell
 3. (b) If veteran, name war 1 World War 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 29
 year 1946 hour 2 minute - A.M.
 21. I hereby certify that I attended the deceased from Apr 15 - 46
 _____ 19____ to May 28 1946
 that I last saw him alive on May 29 2 A.M. 1946
 and that death occurred on the date and hour stated above

4. Sex male 5. Color or race White 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 January 26 1894
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia
 Due to Hemiplegia
 Due to Brain injury due to Scar Tissue when young
 Other conditions from Brain injury
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 4 Days 3 If less than one day
 _____ hr. _____ min.
 9. Birthplace Festus Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

PHYSICIAN
 Major findings: Major Brain Operation
Several yrs ago
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER, FATHER
 12. Name Arthur S. Burrell
 13. Birthplace Lockport N.Y.
(City, town, or county) (State or foreign country)
 14. Maiden name Minnie E. Ashbaugh
 15. Birthplace Newport N.Y.
(City, town, or county) (State or foreign country)
 16. (a) Informant Mary Burrell
 (b) Address Festus Mo. R. 1
 17. (a) Burial (b) Date thereof 5-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Festus Presbyterian Cem
 18. (a) Signature of funeral director A. S. Vinyard
 (b) Address Festus Mo.
 19. (a) May 29 1946 (b) Cleora Brown
(Date received by registrar) (Registrar's signature)

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? Rural Farm Jefferson Mo
(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 G. J. Burrell (M. D. or other) _____
 Address Central City Mo Date signed May 29/46

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
15957

JUL 30 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.....

working under my personal supervision.

Signed..... *H. Stuyard*

Licensed Embalmer No. *3010*

P. O. Address..... *Fenton 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.