

No. 2
M-2-43
5-17-39
X35097

FILED JUN 12 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 195

Primary Registration District No. 5715

Registrar's No. 13

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural, White Rock
(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 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

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

(d) Street No. Rt #1, Jones, Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Full Name William Franklin Burbank

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1946 hour 6 minute 40 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 19, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 18, 1946 to May 7, 1946 that I last saw him alive on May 7, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months _____ Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Failure of Compensation Duration 18 hr.

Due to Numerous Heart attacks in the past two Years.

Due to General debility, age and over work.

9. Birthplace Saunders, Co. Nebr.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: Of operations 750

11. Industry or business _____

12. Name Jesse Burbank

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Cynthia Melvina Thomas

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

16. (a) Informant Leon Burbank

(b) Address Jane, Missouri

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? _____

17. (a) Burial (b) Date thereof 5-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Goodman, Mo.

19. (a) 6-3-46 (b) Ms. B. E. Bradley
(Date received local registrar) (Registrar's signature)

23. Signature Worling Pereman (Specify type of place) _____ (c) Means of injury _____
Address Pineville, Mo. Date signed May 8 1946

179

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

16186

RECEIVED
District Health Officer No. 61
District File Number 646-615
Date Filed JUN 5 1946

JUN 2 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 Marjelle Williams Prickett

Licensed Embalmer No. 4166

P. O. Address Goodman, 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.