

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Jr Keebler
State File No. 17483

FILED JUN 10 1946

Registration District No. 241 Primary Registration District No. 4-356 5828 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Nuevo Madrid
(b) City or town Rural *Portage*
(c) Name of hospital or institution: St Pleasant 1
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nuevo Madrid 72
(c) City or town Rural
(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 William Glenn Burns
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color of race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 20 1946
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 2
If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name John Burns

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

14. Maiden name Ardis Smith

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

16. (a) Informant John Burns

(b) Address Portageville Mo

17. (a) Bural (b) Date thereof 5/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director W. H. H. Funeral Parlor

(b) Address Portageville Mo

19. (a) 6-4-46 (b) Ellen Dedele
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from At time of birth only
and that death occurred on the date and hour stated above. _____, 19____, to _____, 19____;
that I last saw him alive on May 20th, 1946.

Immediate cause of death Unknown to me Duration _____
and no way to ascertain.
At time of birth, baby appeared normal

Due to Its mother was fairly healthy except had measles a short while (several days) before baby was born. No complications
Other conditions occurred in her case.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy None
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 A. D. Keebler (M. D. or other) _____
Address Portageville, Mo. Date signed 6/4/46

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

16366

RECEIVED

District Health Office No. 2,

District File Number ~~6-46-1719~~

Date Filed 6-6-46

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 Not.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Leonard J. Fargo.....

Licensed Embalmer No. 4236.....

P. O. Address Portageville 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.