

FILED SEP 10 1946
Registration District No. 183

Primary Registration District No. 4175

Registrar's No. 18

1. PLACE OF DEATH

(a) County Dunklin

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two years (Specify whether years, months or days)

In this community Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Harrisville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rufus E Burns

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 24 year 1946 hour 11 minute am

21. I hereby certify that I attended the deceased from 8/24/46 to 8/24/46 and that death occurred on the date and hour stated above.

that I last saw h. patient dead on arrival alive on 8/24/46 1946

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 1867 years

7. Birth date of deceased Jan 10th (Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 79 Months 7 Days 14 If less than one day hr. min.

Due to Myocardial Failure
(Chronic Myocarditis) 31K

9. Birthplace Sum Wayne County
(City, town, or county) (State or foreign country)

Due to _____

Other conditions bronchial asthma 10162
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business None

Major findings: Of operations 93H

Of autopsy _____

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

MOTHER FATHER

12. Name John Burns 9

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know 9

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

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? _____

16. (a) Informant H. C. Burns

(b) Address Harrisville Mo

17. (a) Burial (b) Date thereof 8-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem

While at work? _____ (Specify type of place)

Means of injury 2

23. Signature A. H. [unclear] (M or other) DD

Address Harrisville Mo Date signed 8/24/46

18. (c) Signature of funeral director [unclear]

(b) Address St. John's

19. (a) Aug 29 1946 (b) Bertha Kinschling
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2

District File Number 946-1071

Date Filed 9-5-46

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.....

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

Signed John A. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo Bay 42

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.