

**FILED** AUG 28 1946  
Registration District No. **293**

Primary Registration District No. **4443**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Huntsville**  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Huntsville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James Floyd Burge**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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 **February 14 1870**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Howard County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **night marshal**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **G.H. Burge**  
13. Birthplace **Howard County Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Pemberton**  
15. Birthplace **Howard County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Tom Burge**  
(b) Address **Huntsville, Missouri**  
17. (a) **burial** (b) Date thereof **8/25/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**  
(b) Address **Huntsville, Mo**  
19. (a) **8-26-1946** (b) **Med. D. A. Bauhart**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**  
year **1946** hour **2:30** A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Dec 1**, 19 **45**, to **Aug 21**, 19 **46**  
that I last saw him alive on **Aug 21**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **C.A. of Left Lung** Duration **1 yr.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **none**  
Of autopsy **none**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. Dreyer** (M. D. or other) **MD**  
Address **Huntsville Mo** Date signed **8/25/46**

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

RECEIVED  
District Health Officer No. 10  
District #3 Number 8-46-1624  
Dues Paid -- AUG 28 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 Tom B Patton  
Licensed Embalmer No. 3914  
P. O. Address Huntsville, AL

**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.