

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 19 1948  
STANDARD CERTIFICATE OF DEATH

State File No. 28097  
Registrar's No. 154

Registration District No. 294 Primary Registration District No. 6010

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

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly, RFD.  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph  
(c) City or town Sugar Creek Twshp  
(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 Helen M Burlage  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 17 day 24  
year 1946 hour 2 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 7-22  
\_\_\_\_\_, 1946, to 7-24, 1946  
that I last saw him alive on 7-23, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 17<sup>th</sup> 1945  
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia  
Duration 6 ds.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
11 7 \_\_\_\_\_ hr. min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name George Burlage  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Agnes Sullivan  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant George Burlage  
(b) Address RFD Moberly, Mo  
17. (a) Burial (b) Date thereof 7-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly, Mo  
18. (a) Signature of funeral director Malcolm Sord  
(b) Address Moberly, Mo  
19. (a) 7-26-46 (b) Paul Williams  
(Date received local 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? \_\_\_\_\_ (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 H. L. McCormick (M. D. or other) MD  
Address Moberly, Mo Date signed 7-25-46

RECEIVED  
District Health Officer No. 10  
District File Number 8-10-1524  
Date Filed AUG 14 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 Frank B. Kutt

Licensed Embalmer No. 3021

P. O. Address Moody Ave

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.