

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Bural
(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 3 yrs (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME

JOHN GRANT BURNS

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

7. Birth date of deceased

Dec 22 1868
(Month) (Day) (Year)

alive years
(Day) (Year)

8. AGE;

Years

Months

Days

If less than one day

77

11

19

hr. min.

9. Birthplace

Marion, Ill.
(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

John H. Burns

13. Birthplace

Ala.
(City, town, or county)

(State or foreign country)

14. Maiden name

Graham

15. Birthplace

Ala.
(City, town, or county)

(State or foreign country)

16. (a) Informant

John H. Burns

(b) Address

Van Buren Mo

17. (a)

Bural
(Burial, cremation, or removal)

(b) Date thereof

12-14-46
(Month) (Day) (Year)

(c) Place: burial or cremation

Eastwood

18. (a) Signature of funeral director

John H. Burns

(b) Address

Van Buren Mo

19. Date received local registrar

Dec 22 46

Miss Otha Henson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carter
(c) City or town Bural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1946 hour 5 minute 11 A. M.

21. I hereby certify that I attended the deceased from 2 19 Dec, 10 19 46
that I last saw him alive on 12-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death

General arteriosclerotic heart disease, coronary artery disease, chronic hypertension, cause of my infarction.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. H. Collins (M. D. or other)
Address Van Buren Date signed

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, ~~on~~ 12-11-46

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

Signed

Phil A. Leuchel

Licensed Embalmer No.

2936

P. O. Address

Van Buren 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.