

FILED JUN 3 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19882

State File No.

Registration District No. 783-350

Primary Registration District No. 4296

Registrar's No.

1. PLACE OF DEATH
 (a) County Browning
 (b) City or town Sullivan
 (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 40 years
 (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME Jesse D. Burwell

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 Married

6. (b) Name of husband or wife Jeanne Burwell 6. (c) Age of husband or wife if alive 36
Sept 11 1883 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Sullivan Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Postmaster

11. Industry or business Browning, Mo.

12. Name Marion Burwell

13. Birthplace Penn. (State or foreign country)

14. Maiden name Jane Cable (State or foreign country)

15. Birthplace Penn. (State or foreign country)

16. (a) Informant Jeanne Burwell

(b) Address Browning, Mo.

17. (a) Burial (b) Date thereof 5-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins Wade Funeral Home

18. (a) Signature of funeral director Browning, Mo.

(b) Address _____

19. (a) May 24 1947 (b) Elva Cookshaw
(Date received local registrar) (Registrar's signature) 327

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Sullivan 105
 (c) City or town Browning
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from May 13 1947, to May 16 1947, that I last saw him alive on May 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 45 hours

Due to _____

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Thrombosis

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature J.R. McHenry (M. D. or other) _____

Address Browning Mo Date signed _____

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

copy 47

JUN 1 1947

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

JUN 3 1947

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

Gerald I. Wade

Licensed Embalmer No.

4172

P. O. Address

Browning

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.