

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 799

1. PLACE OF DEATH:

(a) County Suchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
 In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
 (c) City or town Forest City
(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 Edward Franklin Burrier

3. (b) If veteran, name war None 3. (c) Social Security No. 496-05-4286

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Grace Burrier 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased October 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>61</u>	<u>8</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Section Hand - Railroad

11. Industry or business _____

12. Name Hugh Burrier
 13. Birthplace Holt Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Barbara Fry
 15. Birthplace Holt Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Burrier
 (b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof 6-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pethig

(b) Address Forest City, Mo

19. (a) 6-30-47 (b) H. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1947 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 12 1947 to June 26 1947
 that I last saw him alive on June 26 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma head of pancreas with metastases
 Duration ?

Due to _____

Due to H69

Other conditions H69
(Include pregnancy within 3 months of death)

Major findings: As above
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of death which 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? _____

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

23. Signature H. G. Jenkins (M.D. or other) _____
 Address St. Joseph, Mo Date signed 6-26-47

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

1961 T & TMR

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon Inc

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.