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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23980

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 172

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 726 E. Franklin 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Sherman McBurney
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie McBurney
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct (Month) 27 (Day) 1864 (Year)

8. AGE: Years 82 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Galesburg (City, town, or county) Ill (State or foreign country)
10. Usual occupation Special Officer
11. Industry or business

FATHER
12. Name Wm McBurney
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Jane McBurney
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Minnie McBurney
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director Chastain & Peck
(b) Address Clinton Mo
19. (a) 8-8-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 8th year 1947 hour 12:15 minute a. M.
21. I hereby certify that I attended the deceased from August 8, 1947, to August 8, 1947, that I last saw him alive on August 8, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	8 days
Due to: Cerebral arteriosclerosis	with
Due to: Senile dementia	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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) (e) Means of injury

23. Signature Edward Barnett M.D. M. D. or other
Address 105 E Ohio, Clinton Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-13-47

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 J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton 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.