

FILED NOV 25 1947

Registration District No. **101**

Primary Registration District No. **5394**

Registrar's No. **68**

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Ava, Rural, Boone**
(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) **1**
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME **Guy Burdick**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Grace Elliott Burdick** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Aug. 27, 1882**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **28** If less than one day hr. min.

9. Birthplace **Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER { 12. Name **Willis Burdick** 13. Birthplace **New York** (City, town, or county) (State or foreign country)
14. Maiden name **Lily Svnder** (City, town, or county) (State or foreign country)
15. Birthplace **Wis.** (City, town, or county) (State or foreign country)

16. (a) Informant **Grace Burdick** (b) Address **Ava, Missouri**

17. (a) **Burial** (b) Date thereof **10-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Whitescreek**

18. (a) Signature of funeral director **Clinkingbeard Funeral H** (b) Address **Ava, Missouri**

19. (a) **Nov. 4-47** (b) **Vestal Bushman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** **34**
(c) City or town **Ava Rural** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25**
year **1947** hour **9** minute **30** P.M.

21. I hereby certify that I attended the deceased from **10-25-**
1947 to **10-25-** 19**47**
that I last saw him alive on **10-25-** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation**
Hanging by neck
Suicide
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **W H A**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, ~~convulsion~~ (specify)
(b) Date of occurrence **10-25-47**
(c) Where did injury occur? **at home in Barn** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **in Barn**

(Specify type of place) (e) Means of injury **0**
While at work? **0**
23. Signature **M. C. Denton** (M. D. or other) **mo**
Address **ava** Date signed **11-3-47**

RECEIVED

District Health Officer No. 6;

District File Number 1147-1202

Date Filed 11-24-47

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.....

W.B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Area 2MO

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.