

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39178**

FILED DEC 5 1947

Registration District No. **276**

Primary Registration District No. **4410**

Registrar's No. **74**

1. PLACE OF DEATH:
 (a) County **Phelps**
 (b) City or town **St James**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Phelps**
 (c) City or town **St James**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Lucy B Burge**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **11** day **24**
 year **1947** hour **8:00** minute **0** M.
 21. I hereby certify that I attended the deceased from **Nov. 20**
 _____, 1947, to **Nov. 24**, 1947
 that I last saw him alive on **Nov. 24**, 1947
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **wid**
 6. (b) Name of husband or wife **J. W. Burge**
 6. (c) Age of husband or wife if alive **decd** years
 7. Birth date of deceased **3-22-1862**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
 Duration **4 days**
 Due to **arterio-sclerosis**
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	85	8	2	hr. _____ min. _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: **83 A**
 Of operations _____
 Of autopsy _____

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

MOTHER
 10. Usual occupation **House wife**
 11. Industry or business _____
 12. Name **Geo W Williams**
 13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Ristley**
 15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

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? **0**

MOTHER FATHER
 16. (a) Informant **Jessie Hager**
 (b) Address **St James Mo**
 17. (a) **Burial** (b) Date thereof **11-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature **William Hager** (M. D. or other) _____
 Address **St James Mo** Date signed **12/4/47**

(c) Place: burial or cremation **Masonic cem**
 18. (a) Signature of funeral director **Lt Collier Finn Home**
 (b) Address **St James Mo**
 19. (a) **Dec 2, 47** (b) **Cara E. Birmingham**
(Date received local registrar) (Registrar's signature)

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

10-2
2-45
7-39
X47070

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.....

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

Signed *Orce E. Lichak*

Licensed Embalmer No. *3546*

P. O. Address *J. Demers*

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.