

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

1. PLACE OF DEATH:

(a) County: Miller  
(b) City or town: Eldon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1007 So. Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community: Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller  
(c) City or town: Eldon  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 1007 So. Grand  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Robert Lehard Burns  
3. (b) If veteran, name war: None  
3. (c) Social Security No.: 487-22-1520

4. Sex: M 5. Color or race: W  
6. (a) Single ~~widow~~ ~~married~~ ~~divorced~~: Single  
6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: Dec. 11 - 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 0 21 hr. min.

9. Birthplace: Tuscumbia Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Taxi Driver

11. Industry or business: \_\_\_\_\_

12. Name: Willard Burns

13. Birthplace: Tuscumbia Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Susan Vaughn

15. Birthplace: Miller Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Susan Burns  
(b) Address: Eldon Mo.

17. (a) Burial (b) Date thereof: 1-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Tuscumbia Cem.  
18. (a) Signature of funeral director: [Signature]  
(b) Address: Eldon Mo.

19. (a) 1-3-48 (b) Adwennette Walk  
(Date received local registrar) (Registrar's signature) 1000

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2nd  
year 1948 hour 10 minute 30 A.M.  
21. I hereby certify that I attended the deceased from November, 1947, to Jan 2, 1948  
that I last saw him alive on Dec 29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis  
Due to: Chronic Otitis Media of Bones of Face  
Duration: 10 yrs

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 154B

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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury: 2  
23. Signature: M.E. Humphrey (M. D. or other) D.O.  
Address: Tuscumbia Date signed: 1-3-48

PHYSICIAN  
Underline the cause of which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 1-15-48

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

*Keith McKay*

Licensed Embalmer No. 3998

P. O. Address

*Eldon 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.