

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 15 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4224

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 59
(b) Township West Peculiar Primary Registration District No. 5234 Registered No. 47 17
(c) City Peculiar, Mo. / (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Grant Burr
(a) Residence, No. Peculiar, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Burr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) several years 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn.

FATHER 13. NAME Walter Burr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs Everett Barnard Peculiar, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 3-8-48

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen Brumfield Pleasant Hill, Mo.

20. FILED 3-11 1948 Laura J. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1948

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1948 to March 7, 1948

I last saw him alive on March 7, 1948 Death is said to have occurred on the date stated above, at 2:00 PM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 2

Other contributory causes of importance:
Portal Carcinoma of Liver
General anaerobic abscesses

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Walter V. Robbins, M. D.

(Address) Peculiar, Mo.

AUG 27 1948

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.....

Glen H. Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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, above space should be left blank.