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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11535

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 421

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital (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 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Normandy (If outside city or town limits, write "RURAL")
(d) Street No. Normandy, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Charles Burgdorf
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Burgdorf
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July (Month) 4 (Day) 1909 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	38	9	8	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Minister
11. Industry or business Lutheran Church
FATHER
12. Name Fred Burgdorf
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Eleanor Clark
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Ethel Burgdorf
(b) Address Normandy, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) Apr 16, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1948 hour 7 minute AM.
21. I hereby certify that I attended the deceased from 4-10-48, 19..., to 4-12-48, 19...; that I last saw him alive on 4-11-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock + laceration of brain	2 days
Due to Accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 136
(b) Date of occurrence 4-10-48.
(c) Where did injury occur? (City or town) Brown (County) Kansas (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? yes (e) Means of injury "Power take off" crank hit head.
23. Signature Paul Forgran (M. D. ~~or other~~) 0
Address St Joseph Mo Date signed 4-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

23355

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.