

FILED MAY 24 1948

Registration District No.

Primary Registration District No. 3038

Registrar's No. 39

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O. Mc Larney Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 days
(Specify whether)

In this community: 83 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo County: Linn

(c) City or town: Geantsville Township
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: JOHN JOSEPH BURNS

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex: M Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Louise Burns

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: Dec - 26 - 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>8</u> min.

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

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Thomas Burns

13. Birthplace: D.K. Ireland
(City, town, or county) (State or foreign country)

14. Maiden name: D.K.

15. Birthplace: D.K. Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant: Altha Burns

(b) Address: Brookfield Mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: May - 7 - 1948
(Month) (Day) (Year)

(c) Place: burial or cremation: St Michael Bery

18. (a) Signature of funeral director: Will Funeral Home

(b) Address: Brookfield Mo

19. (a) 5-7-48 (Date received local registrar)

(b) Water Serwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 5 day: 4
year: 1948 hour: 11:45 minute: P M.

21. I hereby certify that I attended the deceased from April 24, 1948, to May 4, 1948
that I last saw him alive on May 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac weakness due to shock

Due to: Fracture of leg

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: 186

Of operations:

Of autopsy: 39

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 5-8

(c) Where did injury occur?: Brookfield RFD Linn Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?: on Public highway
(Specify type of place)

While at work? fell from house
Means of injury:

23. Signature: W. H. Patten (M. D. or other) Dr

Address: Brookfield Mo Date signed: 5-4-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

J. B. Blacklock

Licensed Embalmer No. *2246*

P. O. Address. *Brookfield 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.