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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Lee 33804
State File No. 20509
Registrar's No. 17

Registration District No. 299

Primary Registration District No. 6026

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Reynolds CARROLL TOWNSHIP
(b) City or town Rural Township 32
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)
In this community 5 months

3. (a) PRINT FULL NAME Clyde - Burleson

3. (b) If veteran, name war L
3. (c) Social Security No. None

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earlie Burleson
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 7 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 18. If less than one day hr. min.

9. Birthplace Marion County Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Mac Burleson
13. Birthplace Alabama (City, town, or county) (State or foreign country)
14. Maiden name Ella Jane Fredrick
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earlie Burleson
(b) Address Bur. R. Mo.

17. (a) Burial (b) Date thereof May 27 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Tolbert Smith

(b) Address

19. (a) 7/5/48 (b) C.M. Fitzpatrick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Rural Township 32 90 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 9 hour approximately 20 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death

Due to ~~HEART~~ CORONARY THROMBOSIS of Heart.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature R. R. Coroner (M. D. 0000) Address Centerville Mo Date signed May 19 48

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

MOTHER, FATHER

JUL 9 1943

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.....

Edward F Broyles

Registered Apprentice No. *435*

working under my personal supervision.

Signed.....

Max Wajel

Licensed Embalmer No. *4170*

P. O. Address.....

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.