DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21952

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Sunset Lodge Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Osceola 93
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME Samuel Price Burnsides

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race wh

6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 18 (Day) 1855 (Year)

8. AGE: Years 92 Months 9 Days 19 If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) Unknown (State or foreign country)

10. Usual occupation miner

11. Industry or business mine

FATHER
12. Name Unknown 9
13. Birthplace — (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant Mrs. Bert Dark
(b) Address Osceola, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director F. B. Goodrich
(b) Address Osceola Missouri

19. (a) 6-10-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1948 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from 5-4, 1948, to 6-3, 1948
that I last saw him alive on 5-18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown - 1. Cirrhosis of liver. 2. Carcinoma, head of pancreas.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46 D

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 0

23. Signature P. Braxton Davis, (M. D. ~~or other~~)
Address Nevada, Mo. Date signed [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-48-658
Date Filed 6-18-48

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Mo

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

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