

FILED SEP 15 1948
Registration District No. 271

Primary Registration District No. 4366

1. PLACE OF DEATH:

(a) County: Newton
(b) City or town: GRANBY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GRANBY Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME: LE ROY BURTRUM

3. (b) If veteran, name war: NONE

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: OLIVE BURTRUM 6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: MAY 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 2 hr. min.

9. Birthplace: CASS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: JOHN C. BURTRUM

12. Name: JOHN C. BURTRUM 13. Birthplace: VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name: MINNIE SALVEIER 15. Birthplace: BERLIN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Olive Burtrum (b) Address: Granby R.F.D #1

17. (a) BURIAL (b) Date thereof: 9-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: GREENWOOD CEMETERY

18. (a) Signature of funeral director: Orley Thompson (b) Address: Nephro Mo.

19. (a) 9-11-1948 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: NEWTON 73
(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No.: GRANBY R.F.D #1 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 9
year 1948 hour 12:25 minute P.M.

21. I hereby certify that I attended the deceased from June 17, 1948 to Sept 9, 1948;
that I last saw him alive on Sept 9, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrovascular accident. Duration: 3 days.

Due to: Cardio-renal hypertensive disease.

Due to:

Other conditions: Cerebrovascular
(Include pregnancy within 3 months of death)

Major findings: Accident 6-17-48.

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) (Country) (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: 2 D.O.
23. Signature: Chas E. Heston (F. D. or other)
Address: Granby Mo. Date signed: 9-11-1948

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

MOTHER FATHER

RECEIVED
District Health Officer No. Newton Co. Health Unit
9-18-375
9-14-48
Filed

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.....

Rallie Kessel

Registered Apprentice No. *228*

working under my personal supervision.

Signed.....

Corey Thompson

Licensed Embalmer No. *3259*

P. O. Address.....

Neosho 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.