DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28604

Registration District No. 399 Primary Registration District No. 6153 Registrar's No. 23

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

1. PLACE OF DEATH
(a) County Stoddard
(b) City or town Fairton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 42 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Fairton (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 PERRY FRANK BURGESS
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 Mildred Burgess
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec. 9 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____
FATHER
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Mildred Burgess
(b) Address Fairton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Memorial Park
18. (a) Signature of funeral director Lloyd S. Morgan
(b) Address Advance Mo
19. (a) 8-24-48 (Date received local registrar) (b) Bennie Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased on July 28 1948 that I last saw her alive on July 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis ? Duration

Due to ____

Due to ____

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____ 13B

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

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 ____

23. Signature J A Cline (M. D. or other)
Address Oran Mo Date signed 8/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District No. 2
District File Number 949-1139
Date Filed 9-9-48

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 William H Morgan, Registered Apprentice No. 208 working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3360

P. O. Address Advance, Mo

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.