

FILED NOV 5 1948

Registration District No.

Primary Registration District No. 4107

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town ElDorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
704 North Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD BURNISON

3. (b) If veteran, name war - - 3. (c) Social Security No. - -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Burnison 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 23 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroader

11. Industry or business - -

MOTHER FATHER { 12. Name James Burnison
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Umstead
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Stella Burnison

(b) Address 704 N. Main, ElDorado Spgs., Mo

17. (a) Burial (b) Date thereof Oct 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ElDorado Spgs. Cemetery

18. (a) Signature of funeral director William Carothers

(b) Address ElDorado Springs, Missouri

19. (a) Oct 25, 1948 (b) Black Nofax 412
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town ElDorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 704 North Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1948 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 19 1948 to Oct 19 1948
that I last saw him alive on Oct 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to unknown
Due to - -

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

-Of autopsy No

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (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? None (e) Means of injury None

23. Signature J. W. Richardson (M. D. or other) 102578
Address 102578 Date signed 102578

RECEIVED

District Health Officer No. 71

District File Number 10-48-1276

Date Filed 11-3-8

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

Joseph E. Carathus

Licensed Embalmer No.

4419

P. O. Address

E. D. Dando Jr., Inc.

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.