

FILED OCT 25 1948

Registration District No. **279**

Primary Registration District No. **6026**

Registrar's No. **23**

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

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: **1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **5 Months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds 90**
 (c) City or town **Rural Township 32**
(If outside city or town limits, write "RURAL")
 (d) Street No. **near Bunker**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Clyde Burleson**

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

4. Sex **MO** 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 _____
(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 _____

MOTHER FATHER

12. Name **Mae Burleson**
 13. Birthplace **Alabama**
 14. Maiden name **Sella Jane Fredrick**
 15. Birthplace **Alabama**

16. (a) Informant **Mrs Earlie Burleson**
 (b) Address **Bunker Mo.**

17. (a) **Burial** (b) Date thereof **May 27, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden Cemetery**

18. (a) Signature of funeral director **Hobson + Shantha**

(b) Address **Salem Mo.**

19. (a) **June 1, 48** (b) **E. W. T. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25**
 year **1948** 9 hour **30** 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 _____
 Duration _____

Due to **Coronary Thrombosis of Heart.**

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **after**
 Of autopsy _____
 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?

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

23. Signature **[Signature]** (M. D. or other) _____
 Address **Centerville Mo.** Date signed **May 21-48**

RECEIVED 10-21-48
District Health Officer No. 5,
1048664
District File Number 10-21-48
Date Filed

5-20509

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. Brayles, Registered Apprentice No. 435
working under my personal supervision.

Signed Max L. Wafer
Licensed Embalmer No. 4170
P. O. Address 1936 St. Louis Ave

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.