

FILED NOV 10 1945

State File No. _____

Registration District No. 137

Primary Registration District No. 0502

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural, Bear Creek
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 27 years (Specify whether
In this community 27 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Montrose Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 1/2 miles So East
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Wm Leslie Burns

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased. 3- (Month) 1873 (Day) (Year)

8. AGE: Years 72 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Benton Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Isaac Burns

13. Birthplace Wes Va (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Lee Burns

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 10-27-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leays Chapel

18. (a) Signature of funeral director Field Wilkerson

(b) Address Clinton Mo

19. (a) Oct 26-45 (b) R. R. Rensley (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25 year 1945 hour 2:30 minute AM

21. I hereby certify that I attended the deceased from Oct 20, 1945, to Oct 24, 1945, that I last saw him alive on Oct 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 4 d
Due to arterio-sclerosis ?

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

Major findings: Of operations giz
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 W. E. Baggarly (M. D. or other) MD
Address Montrose Mo Date signed 10-26-45

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

MOTHER FATHER

NOV 19 1945

RECEIVED

Dist

Order No. 7

Dis

10-45-1114

Date Recd

11-9-45

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

Fred W. Kucian

Licensed Embalmer No.

2478

P. O. Address

Clinton, 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.