

FILED APR 7 1947
157

Registration District No. 3023

Registrar's No. 87

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 300 S 3rd St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Roy Burnside
3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-32-7006

20. DATE OF DEATH: Month 4 day 2
year 1947 hour 2 minute 30 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margie 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 6-21-1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____
and that death occurred on the date and hour stated above.
Immediate cause of death Burned to death (kitchen)

8. AGE: Years Months Days If less than one day
61 9 11 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1 1/2

9. Birthplace Henry Co, MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business employee of fireworks factory

MOTHER FATHER { 12. Name Wm H. Burnside
13. Birthplace MO
14. Maiden name Martha Stevens
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bob Burnside

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 4-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director J. L. Williams

(b) Address Clinton MO

19. (a) 4-5-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4/2/47

(c) Where did injury occur? Clinton Henry MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place (Bison Wfg Co)
(Specify type of place)

While at work? Yes (e) Means of injury Fire

Signature R. C. Halliday (M.D. or other)

Address Clinton MO Date signed 4/5/47

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

RECEIVED
District Health Officer No. 7,
3-47-381
District File Number
4-7-47
Date 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.....

Fred E. Wilkinson Jr., Registered Apprentice No. 443
working under my personal supervision.

Signed Fred E. Wilkinson Jr.

Licensed Embalmer No. 4376

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.