

FILED FEB 7 1949

State File No.

Registration District No. 280

Primary Registration District No. 5964

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Mo. River Rural, Platte
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles west Parkville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

John Austin Burnham
(b) If veteran, name war World War #2 (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (b) Name of husband or wife _____ 6. (a) Single, widowed, married,
divorced single
7. Birth date of deceased Jan 22 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 10 16 hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name A. W. Burnham

13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Brady

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

16. (a) Informant A. W. Burnham

(b) Address Osrick, Mo.

17. (a) Burial (b) Date thereof 12-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director B. W. Good

(b) Address Osrick, Mo.

19. (a) 12-16-48 (b) Opina Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Osrick
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1948 hour 5 minute 15 P.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 _____

accidental drowning

Due to in Mo river, falling

Due to from a large wheel

Other conditions working on it
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 6

Of autopsy _____

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)

23. Signature TOM H. Hulst (c) Means of injury coroner
(M.D. or other)

Address Platte City Mo Date signed 12-16-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-4-49

FEB 7 1949

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

Victor E. Arming

Registered Apprentice No.

working under my personal supervision.

Signed

Victor E. Arming

Licensed Embalmer No.

2896

P. O. Address

Liberty, 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.