

NOV 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36013

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. H 16
(b) Township Primary Registration District No. 4248 Registered No.
(c) City Sarcoxie (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

635 Sophonria Burden
(a) Residence, No. Sarcoxie, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Burden		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1847		
7. AGE YEARS 91	MONTHS 7	DAYS 3
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Hardin County (STATE OR COUNTRY) Kentucky		
13. NAME John Quisenberry		
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky		
15. MAIDEN NAME Nancy Claxton		
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky		
17. INFORMANT X P. W. Burden (ADDRESS) Sarcoxie, Missouri		
18. BURIAL, CREMATION, OR REMOVAL 38 PLACE Sarcoxie Cemetery DATE Aug. 21, 1938		
19. FUNERAL DIRECTOR (NAME) Wm. C. Cole (ADDRESS) Sarcoxie, Missouri		
20. FILED Aug 19, 1938 Henry Simmons Local Registrar. 376		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 19, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1937** to **Aug 19, 1938**
I last saw h. e. r. alive on **Aug 15, 1938** Death is said to have occurred on the date stated above, at **8:30 AM**.
The principal cause of death and related causes of importance were as follows:

Memoria - terminal of chronic nephritis
Date of onset

Other contributory causes of importance: **131**

Name of operation **None** Date of
What test confirmed diagnosis **Obit** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Henry Simmons**, M. D.
(Address) **Sarcoxie, Missouri**

RECEIVED

District Health Officer No. 6,

District File Number 6-38-418

Date Filed 10/28/38

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,

Glen Campbell Cale

, or by

Registered Apprentice No. mmmmmm, working under my personal supervision.

Signed

Glen C. Cale

Licensed Embalmer No. 3708

P. O. Address Sarcoxie, Missouri

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, above space should be left blank.