

REC'D MAR 20 1939

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

6829

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Wagon Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City Joplin (d) Street No. 213 Mineral \_\_\_\_\_ 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 15 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 213 Mineral 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Janice Burrak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 0 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Supervisor  
9. Industry or business in which work was done, as saw mill, bank, etc. W & G. Miller  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wainwright, Missouri13. NAME Bob Burrak14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lang. Mo15. MAIDEN NAME Sarah Callif16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lang. Mo17. INFORMANT (ADDRESS) Janice Burrak  
Joplin Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo 3/7 193919. FUNERAL DIRECTOR (ADDRESS) Anderson Funeral Home  
Joplin Mo20. FILED 3-7-39 Ed J. Lawrence Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 18 1939 to Mar 5 1939  
I last saw him alive on Mar 4 1939. Death is said to have occurred on the date stated above, at 5 a m.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

30 (Signed) Ray C. Meyers, M. D.  
Joplin Mo (Address)

N. B.—Every item of information should be carefully supplied. No statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

**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, \_\_\_\_\_

*Jay Anderson*, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Jay Anderson*  
Licensed Embalmer No. *2153*

P. O. Address *Tobacco, 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, above space should be left blank.