

1939 MAY 12

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

14467
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau / Registration District No. 125
 (b) Township Cape Girardeau / Primary Registration District No. 3009 Registered No. 167
 (c) City Cape Girardeau / (d) Street No. St. Francis Hospital 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 626 Jane Harlean Burger

(a) Residence, No. Benton, Mo R#1 St. Benton, Mo R1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/6/1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baby
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Missouri

FATHER 13. NAME Herbert Burger,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso, Missouri

MOTHER 15. MAIDEN NAME Lucille Reed,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diehlstadt, Missouri

17. INFORMANT Lucille Reed Burger
 (ADDRESS) Benton, Missouri, R#1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Benton, Mo. DATE 4/28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nunnelee Funeral Home
Charleston, Missouri

20. FILED 4-27-1939 J.M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27 1939
 22. I HEREBY CERTIFY, That, I attended deceased from 4-20 1939 to 4-27 1939
 I last saw OK alive on 4/27 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

T.B. Meningitis

Other contributory causes of importance:

Post. TB

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.....
 (Signed) J.D. Smith M. D.

(Address) Cape Girardeau

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.