

Registration District No. 53

Primary Registration District No. 3005

Registrar's No. 42

1. PLACE OF DEATH:

(a) County BATES
(b) City or town RICH HILL MO.
(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 all life
years, months or days)

8. (a) PRINT FULL NAME CHARLEY W. BURNS 652

8. (b) If veteran, name war _____ 8. (c) Social Security No. 309-10-8397

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife MILDRED BURNS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 11 - 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace RICH HILL MO
(City, town, or county) (State or foreign country)

10. Usual occupation LIFE INSURANCE SALESMAN

11. Industry or business GUARANTY MUTUAL COMPANY

12. Name W. C. BURNS

13. Birthplace STARRARD-ONTARIO-CANADA
(City, town, or county) (State or foreign country)

14. Maiden name AMELIA DEMM

15. Birthplace LA SALLE ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Burns

(b) Address BUTLER MO

17. (a) _____ (b) Date thereof Oct 25, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAK HILL CEM - BUTLER

18. (a) Signature of funeral director Boothe Funeral Home

(b) Address BUTLER MO

19. (a) Oct. 26, 1939 (b) Charles J. Allen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County BATES
(c) City or town BUTLER MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 510 W OHIO - BUTLER MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd
year 1939 hour 12 noon minute _____ 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 _____

Shotgun Wound of Head - (RT Side)
Due to Self Inflicted

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence Oct 23 1939

(c) Where did injury occur? Rich Hill Bates MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Father's Home
(Specify type of place) (e) Means of injury Shotgun

23. Signature Belmont Smith M.D. (M. D. or other) _____

Address Coroner, Bates Co. Mo. Date signed 10/25

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

Rev. 6-17-36 I X19311

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-29-1604

Date Filed 11-14-39

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.....

John G Underwood, Registered Apprentice No.....

working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.