

FILED APR 25 1940

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

10148

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 72
 (b) Township Centralia 2 Primary Registration District No. 4041 Registered No. 7
 (c) City Centralia or (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

Claude Burson
 (a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (write the name of HUSBAND OF (OR) WIFE OF) <u>Mrs. Mattie Daily Burson Social Sec. # 494-01-1054</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27th 1887</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u></u>	
	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) <u>Charwater Kansas</u>		
FATHER	13. NAME <u>Marion Silvester Burson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Daily</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Myrtle Burson Centralia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Centralia Mo Cem. DATE <u>Apr 3rd 1940</u></u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mr. J. W. Morrison Centralia Mo</u>		
20. FILED <u>4/22</u> , 19 <u>40</u> <u>F. B. Bender</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1940 to April 1st 1940.
 I last saw him alive on April 1st 1940. 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:
Myocardosis (chronic)
 Date of onset _____

Other contributory causes of importance: 93 F

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) Frank W. Bailey, M. D.
 36 (Address) Centralia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 3-19-35 I X 16603

JUL 22 1943

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 *M. McCard*

Licensed Embalmer No. 2589

P. O. Address Centerville 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.