

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11799

State File No. _____

Registrar's No. _____

Registration District No. 971

Primary Registration District No. 4578

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

1. PLACE OF DEATH:

(a) County Morgan (Mill Creek Township)
(b) City or town Syracuse, Rural
(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) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days)

3. (a) PRINT FULL NAME Edward Milton Burns 652

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Burns 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 20th 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Daniel Burns

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Robertson

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Burns

(b) Address Syracuse, Mo.

17. (a) Removal (b) Date thereof 3/20/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Tipton, Mo. 532

19. (a) 3/30/1940 (b) Ormer Cowley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Syracuse, Mo (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 40 hour 11 45 minute a. M.

21. I hereby certify that I attended the deceased from 3-19
1940 to 3-20-40, 1940;
that I last saw him alive on 3/20, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia Duration 3-14/40

Due to _____

Due to _____

Other conditions Chronic Myocarditis Chc.
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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) X
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? X (Specify type of place) (e) Means of injury _____

23. Signature H. S. Hume M.D. (M. D. or other) 1
Address Tipton Mo Date signed 3/20/40

RECEIVED

District Health Officer No. 7.

District File Number 4-40-539

Date Filed 4-2-40

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Jemell E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.