

PREPARED JAN 25 1949

State File No.

Registered in District 1049

247

Primary Registration District No.

5343

Registrar's No. 2

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

1. PLACE OF DEATH: Dallas
 (a) County
 (b) City or town Rural Wilson Twp
 (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 _____
 years, months or days _____

3. (a) PRINT FULL NAME Daniel Boone Burd
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year) _____

7. Birth date of deceased July 2 1856
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
84 4 14 hr. min.

9. Birthplace Cole Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____
 12. Name Warren Burd
 13. Birthplace Tenn
 (City, town, or county) (State or foreign country)
 14. Maiden name Maggie Green
 15. Birthplace Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Burd
 (b) Address Long Lane Mo

17. (a) Burial (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cosgrove

18. (a) Signature of funeral director W. E. Harman
 (b) Address Lubawon Mo

19. (a) _____ (b) R. J. Talbot
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dallas
 (c) City or town 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 Nov day 16
 year 1940 hour 6 minute 30 P M.
 21. I hereby certify that I attended the deceased from Nov 5, 1940, to Nov 16, 1940
 that I last saw him alive on Nov 5, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of Left Ventricle
 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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
224 _____
 While at work (Specify type of place) (e) Means of injury _____
 23. Signature J. W. Lindsay (M. D. or other) _____
 Address Courway Date signed 12-9-40

95B4

RECEIVED

District Health Officer No. 7,

District File Number 1-41-157

Date Filed 1-15-41

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42326

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 247

Primary Registration District No. 6343

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Wilson T.P.
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Daniel Boone Burd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 4 14 _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month Nov day 16 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of left ventricle

Due to Hypertensive myocarditis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration 28

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature J. W. Friday (M. D. or other)

Address Conway Date signed 2-14-40

REPUBLICAN PARTY