

No. 2
4-13-40
5-17-39
X23159

NOV 10 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
CITIZEN

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42540
State File No. 1015
Registrar's No.

Registration District No. 318 Primary Registration District No. 2001

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

39
3
6

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(c) Name of hospital or institution: BURGERS HOSPITAL
(d) Length of stay: 3 days
In this community: 1 year

3. (a) PRINT FULL NAME: SONORA JEAN BURGARNER
(b) If veteran, name war: No
(c) Social Security No.: None

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced, or other: single
(b) Name of husband or wife: none
(c) Age of husband or wife if alive: 16 years
7. Birth date of deceased: Dec 16 1940

8. AGE: Years 1, Months 0, Days 3, If less than one day: min.

9. Birthplace: Springfield, Mo.

10. Usual occupation: Infant at home

11. Industry or business: at home
12. Name: Harry Burgarner Sr.
13. Birthplace: Unknown, Mo.
14. Maiden name: Jean Wallace
15. Birthplace: Unknown, Mich.

16. (a) Informant: Harry Burgarner Sr.
(b) Address: Springfield, Mo.
(c) Place: burial or cremation: Burial, Green Lawn
(d) Date thereof: Dec 19-1940

17. (a) Signature of funeral director: J. W. Klingner Co.
(b) Address: Springfield, Mo.
18. (a) Signature: W. E. Handley
(b) Address: Springfield, Mo.
19. (a) Date received local registrar: 12-19-40
(b) Registrar's signature: W. E. Handley

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield
(d) Street No.: 2120 N. Kansas
(e) If foreign born, how long in U. S. A.?: 0 years

20. DATE OF DEATH: Month Dec day 19 year 1940 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1-18 1940 to 1-19 1940 that I last saw her alive on 1-18-40 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital atelectasis
Due to:
Due to:
Other conditions: 16 1/2
Major findings: Of operations:
Of autopsy: Atelectasis

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?:
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 9/11/41
(Specify type of place) (e) Means of injury:

Signature: Urban Burish (M. D. official)
Address: Springfield, Mo. Date signed: 12-19-40

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.....
....., 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.

Not embalmed